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Loma Linda University School of Medicine

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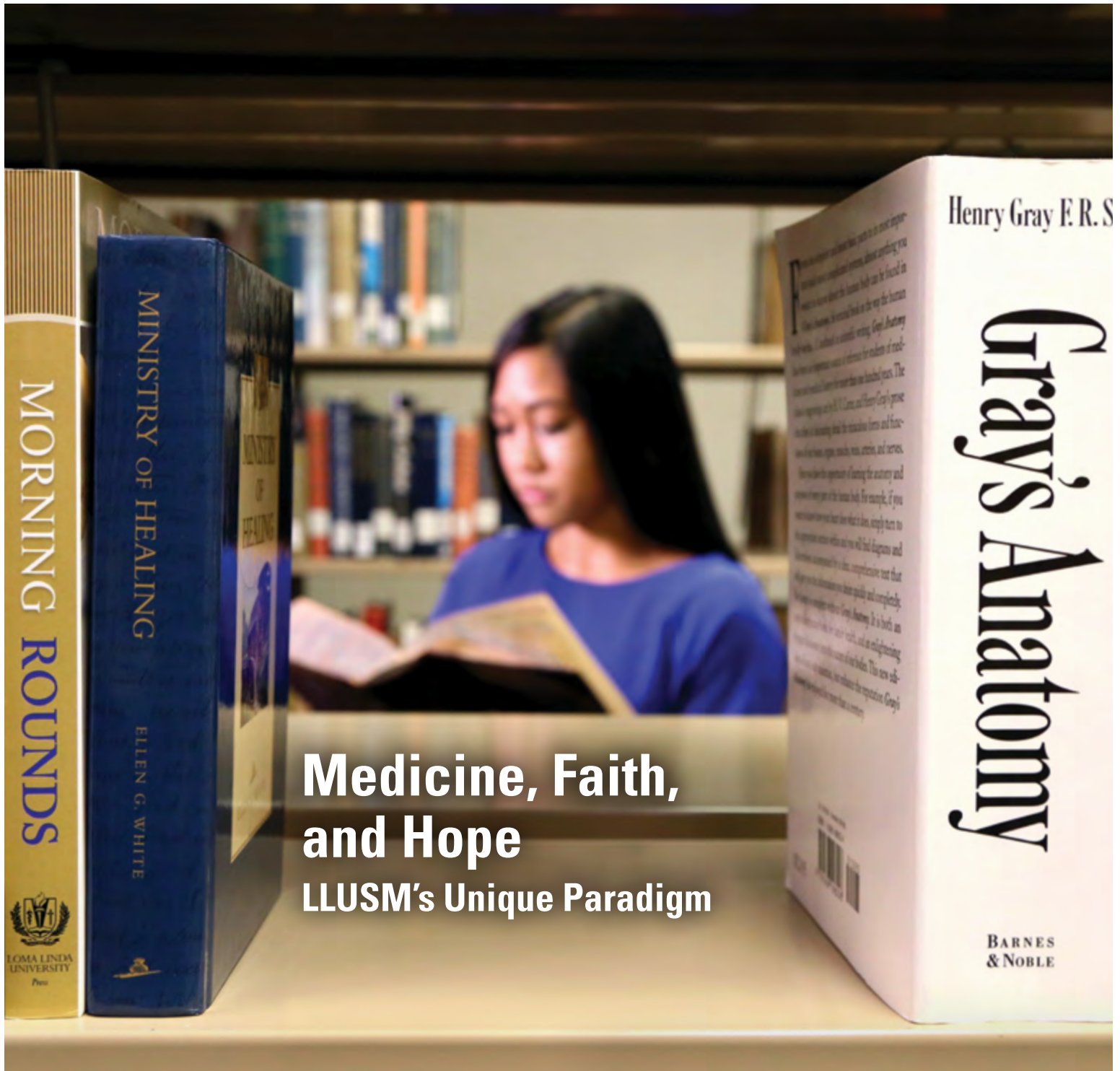
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Alumni JOURNAL

Alumni Association, School of Medicine of Loma Linda University

May-August 2016



Medicine, Faith, and Hope LLUSM's Unique Paradigm

INSIDE: APC 2016 in Review • An Unexpected Visit • New Executive Director • AIMS Report



APC 2017
SAVE THE DATE: MARCH 3-6

NOMINATIONS NOW OPEN
FOR THE 2017 ALUMNI ASSOCIATION,
SCHOOL OF MEDICINE OF LOMA LINDA

Honored Alumni & Alumnus of the Year

Criteria for Selecting Honored Alumni

1. A minimum of 10 years practicing medicine.
2. Never previously elected as an Honored Alumnus.
3. The following factors should be considered:
 - a. contributions to medical education
 - b. medical missionary pursuits
 - c. medical research
 - d. community, government, and military service
 - e. active commitment to the goals and objectives of the Seventh-day Adventist Church
 - f. commitment to, and support of, the LLUSM Alumni Association
 - g. continuing active support of the goals and objectives of the LLUSM
 - h. active participation in appropriate medical and surgical societies

Criteria for Selecting the Alumnus of the Year

1. All criteria for choosing the Honored Alumni apply here as well.
2. A significant part of further consideration should be a candidate's having been recognized for a major contribution in the field of medicine or the humanities in recent past that brings credit to his or her profession, School, and Church.



Nominations need to be submitted to the Alumni Association office in writing or by email accompanied by the nominee's qualifications based on the criteria or online at www.llusmaa.org/nominate. Nominations close August 22, 2016.

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On the cover: In this photo, **Amylie Adlaon ('19)** helps us illustrate the juxtaposition of religion and medicine at Loma Linda University School of Medicine. Amy said her experience in the class "Orientation to Religion and Medicine" was very helpful and that she appreciates Loma Linda's Christian atmosphere.

Alumni JOURNAL

May-August 2016
Volume 87, Number 2

Editor

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Reunions

In 1961, the board of trustees of the College of Medical Evangelists voted to change the school's name to Loma Linda University, and in 1962 voted to consolidate the School of Medicine onto one campus in Loma Linda. In the fall of 1961, 104 members of the Class of 1966 matriculated to LLU. In 1964, 28 juniors from the class were assigned to remain at the Loma Linda campus, the remaining members going to Los Angeles County General Hospital (LACGH), as had been the practice for many years. For their senior year, 25 from Loma Linda transferred to Riverside General Hospital, and the three remaining Loma Linda students were joined by six who returned from LACGH (including myself). The rest of the class—those at LACGH—transferred to the White Memorial Hospital. Since then, all classes have remained on the Loma Linda campus.

In 1966, 76 of the original 104 class members, plus 13 others who had subsequently joined for a total of 89, graduated with their MD degrees. This year, the class celebrated 50 years since graduation at the 84th Annual Postgraduate Convention. Sixteen members have died, the first only two years after graduation and the last within six months of the 50th reunion.

Twelve have had academic appointments on the teaching faculties of one or more medical schools. Eight have served full-time paid mission appointments, and 16 were or are still involved in volunteer mission service. Two members have been Alumni Association presidents, two have been alumni of the year, and four have been honored alumni. Five members graduated from Loma Linda Union Academy and have been witnesses to approximately 50 percent of this medical school's history.

Why am I reciting all of this “data” about the Class of 1966?

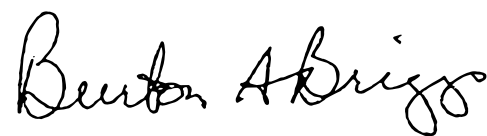
First: the decision to consolidate the medical school on the Loma Linda campus was not a decision made without controversy. The primary arguments against consolidation were that clinical education, without access to LACGH, would be inadequate, and obtaining “good” faculty for the medical school would be difficult. The Class of 1966 demonstrated that, in spite of students rotating through small county hospitals, the private “hospital on the hill,” and Patton State Hospital, they were able to successfully graduate, pass national boards, obtain specialty board certifications, acquire state licensures, obtain academic appointments, and serve the Seventh-day Adventist church in its mission. Together these statistics are a testament to the fact that the decision to consolidate the School at Loma Linda was not in error.

Second: I want there to be a record of the exploits of the Class of 1966, which was intimately involved in that consolidation and the successful outcome for the School of Medicine.

Third: I want to remind and encourage classes that have followed to get together, share your history, share your accomplishments, share contributions to society, for you never know when you will move from being “on top of the grass” to being “under the grass.”

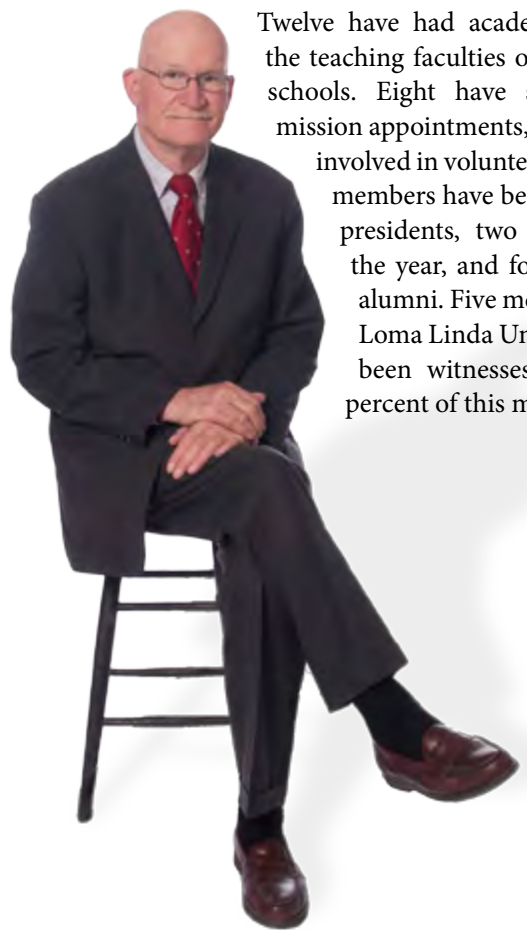
Last: As a class we had so much fun at our reunion, after using our graduation pictures to help identify who we were, that we look forward to the next one.

As I write this, it is Easter Sunday, when the Christian world celebrates the resurrection of Jesus. In that context, I look forward to the reunion that the apostle John speaks about in John 14:1-3 when we will no longer need graduation pictures to identify each other. ■



Burton Briggs '66

Editor



New Executive Director

Calvin Chuang, the media producer and graphic designer for the Alumni Association since early 2014, has begun moving into his new role as executive director of the Association. **Dennis E. Park, MA, '07-hon**, executive director for nearly 20 years and interim director since January 2015, has been assisting Calvin during this transition in leadership. With this guidance, and his experience with the Association, Calvin brings a valuable understanding of the tradition and inner workings of the Alumni Association to his new role. He has the skills to capably lead the organization through challenges facing us in today's world of technology and decreased interaction among alumni.

Born and raised in Melbourne, Australia, Calvin graduated from Avondale College in 2008 with degrees in communication and visual communication, as well as minors in international development and graphic design. As part of his studies he spent time abroad at Pacific Union College and Southwestern Adventist University.

After college, he served as assistant communications director for the Western Australia Conference of Seventh-day Adventists. Since 2010, he has operated his own graphic design, marketing, and video production company. His work and volunteer projects have taken him to places as diverse as Nepal, Thailand, Botswana, and Bolivia.

Besides his love of travel, Calvin enjoys high-altitude backpacking, basketball, and volunteer work. While he relishes visits with his family in Australia, he has worked hard to make Loma Linda his home.

Calvin was kind enough to answer a few questions with Dennis about his thoughts and goals for the Alumni Association.



Calvin Chuang

You've been here over two years now. What has intrigued you most about the Alumni Association?

I think it's the potential of the organization. If you look at history, LLU alumni did incredible things. They raised money to build buildings. They established scholarships. They helped shape the University as it is today. Times have changed, but the Alumni Association can still have a powerful role, and the potential is there. It's just a matter of harnessing that potential and working out how to best use it.

Through the years I've been awed by the amount of time many of these physicians have given to the organization. How do you hope to continue bringing in the younger graduates?

There is no easy answer. It takes a lot of time and effort to build a community. The younger generation is more likely to back a cause over an organization, so if we develop causes younger alumni can get behind, that will help.

Also, if we look at Ivy League schools we see that people are attracted to them not only for their terrific name and excellent academics, but also for the opportunities their vast alumni network provides. Because of this I feel that it is important to continue to find ways of improving our alumni network. Doing so will ensure our graduates receive both a fantastic Loma Linda medical education and the assurance that there are alumni to help them move forward in their careers.

(Continued on page 5)

How to get involved with the Alumni JOURNAL

Dialogue with us via:

- Letters to the editor
- Feedback, comments, and questions
- Social media

Notify us of:

- Updates on life and career
- In memoriam notices
- Changes of address

Contribute your:

- Best photographs of hobbies, travel, and career
- Manuscripts of stories, opinions, and essays
- Ideas of content, subjects, and themes

Reach us by:

Email: llusmaa@llu.edu

Phone: 909-558-4633

Mail: 11245 Anderson St., Suite 200
Loma Linda, CA 92354

To find more information about the *Alumni JOURNAL*, advertising rates, and past issues, please visit: www.llusmaa.org/journal.

Correction

The first name of **Carrol S. Small '34** was misspelled in the caption on page 32 of the January-April 2016 issue. There was no excuse—Dr. Small was an Alumni Association honored alumnus (1980), alumnus of the year (1982), president (1946-1947), and twice an editor of the *Alumni JOURNAL* (1975-1982 and 1988-1990)! Our sincerest apologies.

Our Newest Alumni

Let me start by saying that it was absolutely wonderful to see so many of you at APC!

My dad got to say it first, but I am truly honored to serve as your new Alumni Association president. (Editor's note: **Clifton Reeves '60** was president from 1983-1984.) I want to thank the outgoing president, **P. Basil Vassantachart '79-B**, for the amazing job that he has done in leading the Alumni Association.

Please join me in thanking the new officers for their service commitment for the coming year: president-elect **Anton N. Hasso '67**; chief financial officer **Tamara L. Thomas '87**; assistant financial officer **H. Del Schutte Jr. '84**; and secretary **Debra L. Stottlemeyer '86**. In addition, we are very grateful for the service from the board of directors.

In this issue of the *JOURNAL*, you will find many compelling stories. First, look for your friends and classmates and their adventures at APC. This year featured some changes that made APC even better than ever. Also, watch for stories about the spiritual side of Loma Linda University School of Medicine that makes it so unique among medical schools.

I want to turn your attention to our newest alumni: the Class of 2016. This class was prominently featured at the recent APC Gala. There were five outstanding videos, produced by our Alumni Association team, highlighting class members with inspiring stories

ranging from a brave cancer fight to a game show champion! In addition, members of the class showed us their amazing musical talents by playing to our hearts on the piano, strings, and through singing. The gala has a rich tradition of excellent musical entertainment. However, I heard from so many of you (and I agree!) that this year's entertainment was even better than in the past. (Visit www.thecentralline.llusmaa.org to watch the short videos and see pictures from the gala.)

Going forward, the graduating senior class will be at the center of the APC Gala program each year. This will allow those who attend to not only enjoy outstanding entertainment and stories, but also to get to know our future alumni in a way that was not previously possible. We are also planning to schedule the gala on Sunday night rather than Monday. This will allow more of you to attend without extending your stay in Loma Linda an extra day. Please take a moment to submit nominations for the honored alumnus awards at next year's gala.

Last month, I had the pleasure of representing the Alumni Association at the annual School of Medicine "Match Day," during which the senior medical students discovered what they will be doing and where they will be going for their resident training. Reflect back on your memories of the anxiety, and then elation, of that important milestone in deciding your future career. On a related note, remember that the next *JOURNAL* will be the annual graduation issue, in which you will find out where our newest alumni will have begun their residencies. ■

Mark Reeves

Mark E. Reeves '92

Alumni Association President

Nominations for 2017 Alumni Awards: Submit an online nomination form at www.llusmaa.org/nominate, or contact the Alumni Association office for a mailed form. **The deadline for nominations is August 22, 2016.** We encourage your participation!

New Executive Director

(Continued from page 3)

What are the top three goals that you would like to embark on in the next few years?

One would be bringing us up to speed technologically. We live in a world now that is very automated, and technology can help us do some things that we traditionally did with pen and paper. We are looking into things like getting a more interactive website, having a more efficient online payment system, and creating simpler event registrations.

Another goal would be to make APC more available and attractive to the local medical community as a place to earn worthwhile CME credits and hear about the latest medical ideas. I'd like to see it as an established event on campus that draws the local doctors as well as the alumni.

A third goal is, organizationally, to make sure that we do things efficiently and with clarity, because we are using physicians' time. This can be little things like having meetings start on time, having people clearly know their roles and responsibilities, and so on.

How do you envision technology best assisting in reaching membership?

Technology will help us communicate better with our alumni, and hopefully open channels to help them respond. The more feedback we can get from our alumni the better, especially now that they live all around the world in very busy environments.

That said, ultimately technology can only amplify what we have. If we ever lose the human aspect of the Alumni Association we will also lose our primary reason for existing. The community is the Alumni Association, and community is what we want to expand using technology.

Tell us a little bit more about the state-of-the-art website you're working on and when you hope to introduce it to the alumni.

We're collaborating with a company that builds websites specifically for alumni organizations. They're currently rebuilding our site so it will meet our specific needs, such as providing different levels of website access for different people. The site will need to cater to our annual memberships and perpetual memberships, random guests, people who aren't physicians who sign up for events, etc. Information designated only for alumni, for example, will not be visible to the public.

The community is the Alumni Association, and community is what we want to expand using technology.

These things need to run smoothly before we release it, because we value our alumni and want to make sure that they're well protected. We also want to make sure it is simple and easy to understand in order for people to have a great user experience. I'm hoping we can have a version of the website to test out by July and have the full website available by APC 2017.

Do you see the Alumni Association ever doing away with the hard copies of the *Alumni JOURNAL* and *DIRECTORY*?

No, no I don't. While technology is great, we are mindful of our audience. At the end of the day, we are community-driven. We understand that there is a younger population that likes to use technology and wants the instant information available through the internet and social media. We also have established alumni who enjoy reading through a printed *JOURNAL*. As long as they enjoy it we will keep producing it. ■

New Administrative and Marketing Assistant

Andrea Schröer is the most recent staff member to join the Alumni Association office. As of October 2015, she has served as the administrative and marketing assistant, adeptly managing the reception desk, garnering valuable advertising for Alumni Association publications, and being the all-around go-to person for help at the office. Alumni, visitors, and staff alike—including those who speak

German or Spanish, in which Andrea is fluent—have appreciated her eager and prompt assistance. She has a connection to the Alumni Association through her late great uncle, **William J. Schroer '35**.

Andrea grew up in the Loma Linda area. After earning her degree in business marketing from La Sierra University in 2009, she spent four years in operations and sales in the gold industry before becoming a pharmaceutical representative. At the Alumni Association, she says it's been fun running into parents and

grandparents of her Loma Linda Academy classmates, people she met in college, and physicians she became acquainted with as a pharmaceutical representative.

Andrea enjoys making and selling beautiful crafts in her spare time. In January, she married Steven. The couple lives in Rancho Cucamonga. ■



Faith and Medicine

Hope. Where would we be without it? Even in casual, everyday situations it picks us up, encourages us, and inspires us. But in those moments of life when it's all we have left it becomes much, much more.

We—physicians—know exactly how much more. In our patients, we see the important roles hope plays: the father who gets life-changing news, the mother who faces a life-ending diagnosis, the grandmother who hears the words, “The cancer appears to be back.”

In each scenario, that little word—hope—rises to the occasion to remind us it's still there. Hope for a cure. Hope for an improved quality of life. Hope for the opportunity to live a meaningful life. Ultimately, hope that there is a better and more perfect time that awaits after our life ends on this earth.

Prayer is the conduit of hope and has been at least a part of most people's lives. After all, we teach our children to bless the food before a meal and say their nightly prayers before they crawl into bed. We ask our pastors to offer prayers when dedicating our children to God, officiating weddings, and administering funerals. As humans we commonly call upon our spiritual beliefs when we face life-changing or extraordinary moments. Physicians are commonly in a position to pray for and pray with patients, which effectively uses this powerful and meaningful vehicle of hope.

Richard Thirlby, MD, member of the American Board of Surgery, wrote an article in *Archives of Surgery* entitled “Top 10 Reasons Why General Surgery is a Great Career Choice.” Reason number

four was: “There's spirituality if you want it.” Among 11 paragraphs citing scientific literature about patients' connections to their God, Dr. Thirlby says, “There are no atheists lying on the operating room tables” and that according to reports “94 percent [of patients polled] thought it appropriate for physicians to inquire about their spiritual beliefs if they became gravely ill.”

While many of the private medical schools in the United States were founded by religious organizations, all but Loma Linda University have parted ways or minimized their spiritual roots.

Recent surveys have found that “the doctor was empathetic to my needs” is a driving factor in patient satisfaction. Prayer can be a powerful portrayal of faith.

While many of the private medical schools in the United States were founded by religious organizations, all but Loma Linda University have parted ways or minimized their spiritual roots. When the School of Medicine celebrated its centennial, a reporter from a local newspaper noted the most important thing that had occurred at Loma Linda University during the past 100 years: It had remained aligned with its original mission of bringing spirituality to the bedside of the patient.

“To continue the teaching and healing ministry of Jesus Christ” is that mission. We live this mission in all we do every day at Loma Linda University School of Medicine. It may mean something a little different for everyone. But we can all agree that our mission offers something this world desperately seeks.

Hope. ■



H. Roger Hadley '74
School of Medicine Dean

Mugs, Snacks, and Advice

The Senior Seminar and Junior Match Symposium—where students receive tips about their upcoming years—were held this past March.

Outgoing seniors used words like “great,” “relevant,” and “helpful” in describing the information shared by seminar presenters about topics like financial management and malpractice. One senior commented that the seminar was a “good place to get an idea of what we should learn going into residency.” Seniors also enjoyed lunch and received keepsake mugs, which listed members of the class.

Members of the junior class learned about “the mysteries of the match” at their symposium and had the opportunity to ask questions of a panel of graduating seniors who had recently experienced match day themselves.

As part of the Alumni Association, the Student Affairs Council sponsors and organizes the Senior Seminar with the help of students. It also collaborates with the School of Medicine in putting together the Junior Match Symposium by providing refreshments and sponsoring the guidebook “Strolling Through the Match” to all juniors. ■



1. Juniors **Emily Kutzner '17**, **Ioana Danci '17**, **Derek McCalla '17**, **Hannah Morgan '17**, and **April Schindler '17** smile at the Junior Match Symposium.
2. **Kirstin Linder '16** holds up her new Alumni Association mug during the Senior Seminar.
3. **Matthew Stevenson '16**, **Joshua McCoy '16**, **Drew Sheldon '16**, and **Peter Kim '16** enjoy burritos from the Student Affairs Council during the Senior Seminar.
4. From left, a panel of seniors **Colby Tanner '16**, **Quince Gibson '16**, **Paige Stevens '16**, **Ryan Knopper '16**, **Ruth Belay '16**, and **Matthew Curtis '16** answer questions at the Junior Match Symposium.
5. **Natalie Shum '16** (right) and classmates grab snacks during a break at the Senior Seminar.
6. **Tobi Afolayan '16** (left) and Dr. Gibson display their Alumni Association mugs at the Senior Seminar.



At the Annual Postgraduate Convention Gala, **Morgan Green '16** was recognized by the Student Affairs Council (SAC) for four years of “outstanding service to the Class of 2016” as class representative. Dr. Green provided valuable feedback during SAC meetings and was involved in promoting and arranging speakers for the Senior Seminar. He also helped the SAC coordinate the Freshman Welcome Picnic and the distribution of the sophomore white coats. In the photo, **Gina J. Mohr '96**, SAC president (left), and **H. Roger Hadley '74**, dean of the School of Medicine (right), present the award to Dr. Green. ■



DNA Sequencing Allows Researchers to Access Future of Medicine

Two DNA sequencers—considered trailblazing tools for unlocking the secrets of health and disease at the molecular level—are introducing Loma Linda University (LLU) researchers to the futuristic world of precision medicine.

The first, an Illumina NextSeq 550 funded by a \$280,000 National Institutes of Health grant, can sequence an entire human genome—the complete chromosomal set containing all inheritable traits of an organism—in



Penelope Duerksen-Hughes, PhD, associate dean for basic sciences, explains how the new DNA sequencers work to **Franklin R. House '62** (left) and **Richard H. Hart '70**, president of Loma Linda University Health.

Grants Continue to Support Research

The School of Medicine is proud to share a sampling of the most recent grants awarded to its faculty—external validation that the caliber of the research activities continues to reach new heights.

The National Institutes of Health (NIH) has awarded a grant in the amount of \$1,728,125 to support Loma Linda University's research on "Harnessing Endogenous Neuroprotection Following ICH." The principal investigator is John H. Zhang, MD, PhD. The NIH has also awarded a grant in the amount of \$1,985,330

just 1.5 days. Charles Wang, MD, PhD, MPH, director of the Center for Genomics at Loma Linda University School of Medicine, says earlier models took 11 or 12 days. "It's great for small projects and for testing research theories," he notes.

The second, an Illumina HiSeq 4000, is considerably more powerful. Dr. Wang says it allows researchers to carry out very large projects, such as those using data and specimens from the Adventist Health Studies, to determine the effects of lifestyle on epigenomic reprogramming and longevity. This newer, more advanced model can sequence 12 whole human genomes in less than four days. Without it, he says, LLU scientists would not be able to conduct sophisticated studies essential to unlocking the potential of precision medicine. Funding for the \$1.1 million purchase is being provided by the Ardmore Institute of Health and by **Charles A. Sims '60**.

According to Penelope Duerksen-Hughes, PhD, associate dean for basic sciences at Loma Linda University School of Medicine, each human cell contains all 23 sets of chromosomes. "Each chromosome is a very long string of sequentially arranged DNA strands containing all the basic information needed to run your life."

Essentially a copy of an individual's DNA, RNA is a message or transcript of a particular DNA section designed to create a specific protein.

"These RNA messages are used to construct the precise proteins that carry out the individual functions of your body," she reports, noting that cells differ in the specific genes they activate so that liver cells create liver-specific proteins, heart cells produce heart-specific proteins, and so forth. "Importantly, the act of turning a particular gene on or off can influence how an individual responds to internal and external stressors and whether or not a person gets a disease for which they are genetically predisposed." ■

to support Loma Linda University's research on "the virulence regulation in Porphyromonas." The principal investigator is Hansel Fletcher, PhD.

The National Trauma Institute was awarded a \$4.6 million Department of Defense Extramural Medical Research grant to develop a National Trauma Research Repository. Among the 11 participating trauma centers, Loma Linda University Medical Center Level I trauma center received a sub-award of \$826,496 and has been contributing to the vascular injury database. The principal investigator is **Richard D. Catalano '76-B**. Ahmed Abou-Zamzam, MD, has joined the study team as a co-investigator. Xian Luo, MD, PhD, is also facilitating this multi-center trial. ■

And the Kinzer-Rice Award Goes to...

Congratulations to **Elaine Hart '00**, who was selected to receive the 2016 Kinzer-Rice Award. This prestigious award recognizes excellence in teaching at the university level. The purpose of the award is to call attention to the importance of teaching in the life of Loma Linda University and to honor a full-time faculty member every two years who exemplifies the finest traditions of education.

"Dr. Hart, thank you," said **H. Roger Hadley '74**, dean of the LLU School of Medicine. "Thank you for not only what you do for the medical students, but I want to thank you on behalf of the thousands, perhaps millions, of lives your students will affect because of what they learned from you and your mentorship of them." ■



H. Roger Hadley '74, dean of the School of Medicine (left), and Ronald Carter, PhD, LLU provost, present the Kinzer-Rice Award to Elaine Hart '00 at a ceremony February 4.

New Chair of Neurosurgery

Warren Wilson Boling Jr., MD, has been appointed chair of the department of neurosurgery. Dr. Boling earned his MD from Texas Tech University Health Science Center, School of Medicine, in 1991. After medical school, he completed a surgical internship and neurological residency at University of Kentucky Medical Center. He then went on to McGill University, Montreal Neurological Institute, where he was a research fellow in epilepsy and functional neurosurgery. In 2000 he also completed a clinical and research fellowship in the department of neurosurgery at University of Melbourne, Austin and Repatriation Medical Centre.

After his training, Dr. Boling served in a number of key clinical, academic, research and leadership roles. He comes to Loma Linda University from University of Louisville, where he has served as interim chair since 2013 and professor and associate program director, in the

department of neurosurgery. Dr. Boling has received a number of distinguished honors and awards, including "Top Brain Surgeon" in *Louisville Magazine*, and has published numerous peer-reviewed articles, abstracts, and book chapters.

Dr. Boling is service director for the International Consortium for the Treatment of Epilepsy in Underserved Settings, as well as director of CURE Children's Hospital of Uganda of the Comprehensive Epilepsy Program. He is married to Kara Lonser, PsyD, daughter of **Roland E. Lonser '67**.

The School of Medicine would like to thank **Gary D. Botimer '80-A**, chair of the department of orthopedic surgery, for serving as interim chair of neurosurgery until Dr. Boling's arrival. ■



Warren W. Boling Jr., MD

Upcoming Alumni Events

July 10-17
Romantic Danube River Cruise

March 3-6
85th Annual Postgraduate Convention

Follow the School of Medicine Online

Website: www.llu.edu/medicine

Facebook.com/llusm

Twitter: @LLUMedSchool

Student Blog: www.llu.edu/llusmblog

The Dean's Instagram: @RogerHadley



Though not the bones of our story's subject, these hang in a display case at the anatomy lab in LLU's Centennial Complex. A brief note on the ribs begins, "Hi, my name is Herb. I am real bone and about 60 years old. I have taught many students." Perhaps the bones of this story's subject will someday boast the same.

An Unexpected Visit

A lesson in the meaning of life and one's mortality

By **Dennis E. Park, MA, hon-'07**, consulting editor/historian

This article begins a series by the author featuring School of Medicine alumni, some living others deceased, who made a profound impression on the former executive director (1993-2011) of the Alumni Association. Although the following story is true, some details have been changed and rearranged to protect the identity of the subject featured in the story.

I looked up from my desk to see a sharply dressed man standing erect in my office doorway. "May I come in?" he inquired. Before I could reply, he slowly made his way to the nearest chair. "I don't have an appointment," he offered, "but I need to talk to you."

As I rose to greet this unexpected visitor whom I had never met, I noticed his light tan coat, which hung smartly off his shoulders, the color-coordinated tie, properly accenting the dark brown slacks and light brown penny loafers that he wore obviously for style not for comfort. Behind this "Dapper Dan" persona was a man in some physical distress. His labored breathing was made easier by the oxygen flowing through the nasal tube connected to the small oxygen tank resting next to the chair. For a moment, he gazed out the window, rhythmically tapping his index fingers on the arms of the chair, perhaps keeping time to music of a different era.

Collecting his thoughts, he whispered that he had not been on campus for a few years, but had come to this year's class reunion, because it "most likely will be my last." He paused and turned toward the window again seemingly looking across the parking lot to the Medical Center beyond. "I like what I see," he murmured. "My memories are of the school at the White:¹ I'm a product of CME."² Pointing to the Medical Center he exclaimed with some bravado, "I like those towers, always have. To me they are the towers of healing." With that, he became more animated. Tugging at the tube to the oxygen tank, he began to reminisce about his days as a medical student, his residency, relocating to a different state where he practiced medicine for nearly 50 years, his

faculty appointment, the family he raised, his community service involvement, his church and church school, which he helped to support.

"I have had a good life," he said. "I've been blessed and I've always tried to give back." His facial expression changed as he paused again to catch his breath and savor the oxygen from the tank. In a random, jumbled order he blurted out: "I have no regrets; I miss my practice, and the patients." Pointing to his nose he exclaimed, "I hate this darn tube."

Collecting his thoughts, he whispered that he had not been on campus for a few years, but had come to this year's class reunion, because it "most likely will be my last."

"My life, they tell me, is measured in months. They don't need to tell me, I've witnessed it so many times before. Soon I'll be enrolled into a hospice program, my oxygen tank will be joined by a hospital bed and all the ancillary paraphernalia associated with dying." This time his silence was almost palpable. The tapping of his fingers resumed. Not wanting to interrupt his mental intermission, I waited for him to speak.

(Continued on page 47)

2015 Class Giving Report

In 2015, medical alumni of Loma Linda University contributed about \$1.88 million through the Alumni Association and/or the University. These funds went toward various projects, including campus and hospital improvements, mission projects, student scholarships, and research.

Listed below are the total dollar amounts donated by class in 2015, as well as the percentage of class members who gave. This information was compiled by the LLUH Office of Philanthropy.

The Alumni Association applauds your generosity!

Year	Class Representatives	2015 Giving	Participation
1942	Ellsworth E. Wareham	\$495.00	25%
1943	To Be Named	\$15,025.00	67%
1944	To Be Named	\$195.00	11%
1945	To Be Named	\$95.00	9%
1946	Marlowe H. Schaffner	\$11,670.00	67%
1947	Robert D. Mitchell	\$100,520.00	29%
1948	Frank S. Damazo	\$50,019.48	20%
1949	To Be Named	\$345.00	22%
1950	To Be Named	\$100.00	10%
1951	Herbert I. Harder	\$4,415.00	25%
1952	Roy V. Jutzy	\$12,507.00	26%
1953	Robert L. Horner '53-A Milton E. Fredricksen '53-B	\$24,805.52	50%
1954	Edgar O. Johanson	\$4,060.00	33%
1955	Irvin N. Kuhn	\$31,845.00	34%
1956	Rodney E. Willard	\$13,039.06	43%
1957	Harvey A. Elder	\$37,701.00	33%
1958	Stewart W. Shankel John C. Stockdale	\$3,029.58	21%
1959	Richard A. Jensen	\$7,634.59	38%
1960	Clifton D. Reeves	\$173,716.60	33%
1961	Edwin H. Krick	\$88,820.00	50%
1962	Hubert C. Watkins	\$32,644.85	41%
1963	Robert E. Soderblom	\$13,280.00	32%
1964	Edward C. Allred John W. Mace	\$18,667.00	27%
1965	Richard L. Rouhe	\$41,417.00	48%
1966	Glenn D. Garbutt Mary L. Small	\$25,470.00	33%
1967	Anton N. Hasso	\$28,589.67	24%
1968	M.C. Theodore Mackett	\$16,899.00	21%
1969	Joseph G. Billock III	\$7,487.00	33%
1970	John D. Jacobson	\$55,482.00	33%
1971	Jeffrey D. Cao	\$61,540.00	27%
1972	John E. Kaiser	\$5,766.50	13%
1973	Donald L. Anderson '73-A Elmar P. Sakala '73-B	\$85,555.00	17%
1974	H. Roger Hadley	\$44,400.00	16%
1975	Cherry Brandstater	\$41,579.00	25%
1976	Nancy J. Anderson '76-A Richard D. Catalano '76-B	\$23,345.00	24%

Year	Class Representatives	2015 Giving	Participation
1977	'77-A To Be Named Robert K. Nakamura '77-B Randall E. Wilkinson '77-B	\$19,470.00	15%
1978	V. Reinaldo Ruiz '78-A Jane Marxmiller Bork '78-B	\$17,134.00	17%
1979	Dennis D. Reinke '79-A Linda H. Ferry '79-B	\$22,995.00	15%
1980	Steven W. Hildebrand '80-A Virgil J. Nielsen '80-A '80-B To Be Named	\$36,714.97	23%
1981	Roger D. Woodruff	\$20,610.00	23%
1982	Craig H. Leicht	\$45,018.00	25%
1983	Gary L. Baker	\$28,641.00	17%
1984	Ricardo L. Peverini	\$60,741.00	19%
1985	Ronald L. Hebard	\$16,170.00	16%
1986	Steven C. Herber	\$25,714.00	16%
1987	Claudette Jones Tamara L. Thomas	\$40,192.50	18%
1988	Gerard & Marigold Ardron	\$17,429.00	18%
1989	George M. Isaac Leonard S. Kurian	\$7,645.00	13%
1990	Andrew C. Chang	\$47,522.00	39%
1991	A. Jo Orquia	\$18,300.00	8%
1992	D. Greg Anderson	\$132,780.00	13%
1993	Karen V. Wells	\$10,325.00	11%
1994	Lisa D. Palmieri	\$6,320.00	10%
1995	Joycelyn L. Heavner-Manullang	\$10,672.77	11%
1996	Eric K. Frykman	\$18,317.00	10%
1997	John W. Samples David Kenneth Tan	\$21,830.82	13%
1998	Columbus D. Batiste II	\$8,670.00	6%
1999	Mark Emery Thompson	\$6,550.00	9%
2000	Paul C. Herrmann	\$11,368.00	9%
2001	Samuel Chang	\$7,225.00	10%
2002	Elizabeth A. Giese Anthony A. Hilliard	\$20,715.00	7%
2003	Cameo Ashley Carter	\$2,058.54	3%
2004	Joseph Marshall Bowen	\$7,064.00	12%
2005	Merrick R. Lopez	\$42,518.00	18%
2006	Audley V. Williams	\$13,529.00	9%
2007	Evelyn Law	\$10,675.00	6%
2008	Monique S. Nugent	\$3,552.84	6%
2009	Joshua M. Jauregui	\$3,710.18	9%
2010-2015	David J. Puder '10 Luke C. Strnad '10 Michael J. Matus '11 Shammah Williams '11 Bradford A. Hardesty '12 Benjamin D. Bradford '12 G. Stephen Edwardson '13 Wayne G. Brisbane '13 Martha C. Henao '14 Marcus W. Heisler '14 Clare Richardson '15 Phillip Stokes '15	\$13,926.34	4%
	TOTAL	\$1,876,501.81	16%



J. Lamont Murdoch '63 soaks in a lecture about clinical genomics by APC guest speaker Wayne W. Grody, MD, PhD, in the Damazo Amphitheater of the Centennial Complex Sunday morning.

APC 2016 in Review

March 4-7, 2016

At the Alumni Association's 84th Annual Postgraduate Convention (APC) this past March, medical alumni, students, and other medical professionals had the opportunity to earn continuing medical education (CME) credits, meet together at class reunions, and recognize LLU students and alumni for their research and accomplishments.

The theme was "Precision Medicine: The Future of Medicine" and topics like physician-assisted dying, genomics, and 25 years of proton therapy at Loma Linda were addressed at the CME offerings by both LLU faculty and a number of special guests.

In the main APC section on the top floor of the Centennial Complex, attendees were able to peruse more than 100 scientific research posters displayed by LLU students and residents. Information and takeaway items were available at the approximately 30 technical exhibits representing a wide variety of organizations invested in the future of our medical professionals.

On Friday, several attendees took advantage of the LLU campus tour with university historian, Richard Schaefer. On Sunday, others joined the skin surgery workshop and attended specialty symposiums in surgery, plastic surgery, and otolaryngology.

Many took advantage of the special luncheons and worship services available during the weekend, and alumni gathered all across Loma Linda Sabbath evening and Sunday morning to spend time reminiscing and catching up with each other at class reunions.

About 500 people attended the APC Gala Sunday evening, where several alumni were recognized and the 25th- and 50th-anniversary classes were honored. A member of the 50th-anniversary class, **Mary L. Small '66**, received the Alumni Association's 2016 Alumna of the Year award. Eight others were recognized as Honored Alumni: **Glen Van Arsdell '86**, **David Fang '71**, **John G. Jacobson '71**, **Douglas C. Smith '66**, **Roland C. Zimmermann '66**, **Alan S. Nakanishi '65**, **Ernest S. Zane '56**, and **S. Wesley Kime '53-A**.

We are grateful for all who attended and helped make this year's APC another success. We look forward to seeing many of you at the 85th Annual Postgraduate Convention next year from March 3 to 6, 2017. ■



1. **David K. Fukuda '91** and **Paul Y. Chung '91** attend the bioethics roundtable discussion on physician-assisted dying.
2. **Frederick C. Saunders '66** proudly displays his 50th-anniversary medallion at the registration booth.
3. Richard Schaefer, LLU historian, elaborates on the rich history of Loma Linda University to an attentive audience during the Friday afternoon campus tour.
4. **David J. Baylink '57** presents on cell-based therapeutics Friday afternoon.
5. **A. Sunshine Drew '91** talks about "God's Achilles Heel" at Sabbath School.
6. **Allen L. Brandt '52** (left) and **George J. Wiesseman '47** enjoy catching up for a few minutes.
7. **Ivan J. Wortman '91** practices his sutures at the skin surgery workshop Sunday afternoon.



8. Charlotte and **Cyril G. Hartman '61** participate in song service at Friday night vespers.
9. New Alumni Association president, **Mark E. Reeves '92**, receives the gavel from immediate past president **P. Basil Vasantachart '79-B**.
10. **Grace W. Oei '04**, assistant professor of pediatrics (left); guest speaker Joanne Lynn, MD, MA, MS; and David R. Larson, DMin, PhD, professor of ethical studies, lead a discussion on the bioethical intricacies of physician-assisted dying.
11. **Richard H. Hart '70** listens as **Linden Doss '16** (at mic), **Anna Wijatyk '18**, and **James E. Appel '00** share their mission experiences at Friday night vespers.

For more photos and videos from APC visit us online at:
www.thecentralline.llusmaa.org.

Gold and Silver Year Honor Classes

Class of 1966 | 50th Anniversary

(Standing, L to R) Gerald G. Krueger, Marland A. Hansen, James S. Grindley, John H. Toh, Rendel R. Houston, Glenn D. Garbutt, Andrew M. Morgan, William R. Ford, Burton A. Briggs, C. Douglas Lord, Ronald P. Jensen, George C. Lee, Earl C. Hackett, Lester L. Mohr, Douglas C. Smith, Duane O. Ytredal, Frederick C. Saunders, John F. Vogt, Arnold L. Petersen, Fredrick A. Griesman, Daniel M. Patchin, Keith L. Wedin, Gerald H. Wade

(Sitting, L to R) Hermann K. Orlet, Dennis K. Anderson, Daniel A. Ekkens, Diana A. Ballard, Robert A. Reiswig, James C. Low, Jo Ellen Barnard, Robert J. Berecz, Ruben S. Thorbus, Mary L. Small, Janice K. Hackett, Roland C. Zimmermann, H. Walter Emori



Class of 1991 | 25th Anniversary

(Standing, L to R) Karen Gaio Hansberger, Sunshine Arlyn Drew, Roxanne E. Hertzog, Douglas L. Gates, Karen S. Artress-Orquia, Leroy B. Pascal, Paul Y. Chung, Jack J. Seeburger, Loren I. Haworth, Michael A. Wilson, David M. Blue, David Gano '93, Mark D. Carlson, Gregory A. Mowery, Timothy N. Beamesderfer, D. Duane Baldwin, Eric D. Morgan, Roscoe L. Marter, James M. Hawk, Mark D. Harris, Michael R. Moore, Johnston Co, John R. Dingilian, Benny Hau, James S. Maurer, David K. Fukuda, Ivan J. Wortman, Brian A. Lenser, Robert E. Price, Norman D. Garner, Thomas M. Makowski, Yuhuan Lan, Art Giebel, Gloria R. Engel, Stanford K. Shu '92, Birgit M. Hausted

(Sitting, L to R) Jennifer Dunbar Baldwin, Jennifer O. Vradenburg, Nerida Taylor Bates '94, Tammy L. Hayton, Bonnie I. Chi-Lum, Sylvia B. Beamesderfer, Mouna Haddad-Wilson, Cheryl I. Oh, Kelly McDermott Blue, Veronica Pedro-Alexander, Lowell W. Reynolds, Lynda Daniel-Underwood, Linda S. Tseng-Ong, Faith M. Gray, Adrienne C. Beck

Not pictured: Marilyn H. Kimura, Kerby C. Oberg, and Clark H. Robbins





1 Class of 1956
(Back row, L to R) Stanley C. Condon, Horace C. Jenkins, G. Carleton Wallace, Charles V. Lindsay, L. Clair Spaulding, Wynton G. Shaw, Gene A. Anderson, Ronald D. Van Arsdell '56-aff
(Front row, L to R) Rodney E. Willard, Calvin C. Acuff, Richard S. Guthrie, Beverly G. Giebel, Barbara B. Julier, Leo Herber, Ernest S. Zane, Walter C. Fahlsing, Dwight W. Johnson



2 Class of 1961
(Back row, L to R) Cyril G. Hartman, Brian S. Bull, Kurt Sorensen, Robert P. Sproed, Thomas J. Dickinson, Edwin H. Krick, A. James Hagele, Lawrence R. Hawkins, Donald K. Bohlman, George Kafrouni
(Front row, L to R) William E. Ostermiller, C. Larry Davis, D. Robert Johnson, Philip H. Reiswig, Leonard D. Shockey, Carl L. Bauer, Glenn L. Hall



3 Class of 1976-A
(Back row, L to R) Robert Pereyra, Samuel E. Torres, Glenn A. Rouse, Dennis V. Worthington, Robert D. Martin, Vernal M. Hansen, Ernest A. Zinke
(Front row, L to R) Willard L. Gilbert, Julie A. Abbott, Nancy J. Anderson, Linda K. Olson, Ronald E. Cafferky



4 Class of 1976-B
(Back row, L to R) David K. Spady, Robert C. Hewes, Elvin K. Yeo, Richard E. Thorp, James D. Anholm, Peter J. Haynal, Danny L. Casey, Fox M. Boswell, Morley R. Kutzner
(Front row, L to R) Richard D. Catalano, C. Lee Parmley, Joel W. Ferree, Lou Anne Cummings, Karen E. Wat, Joanne F. Cochrane, Donald A. Chilson
Not pictured: Resa L. Chase

5 Class of 1981 (opposite page)
(L to R) Geir P. Frivold, Ed T. Vizcarra, W. Rick Norskov, James J. Butler, Jarl C. Nielsen, David B. Hirst (front, with tie), John P. Riesenman, James A. Jutzy, Ingrid K. Blomquist, Roger D. Woodruff, Shelley C. Thiel, Clifton Cole, Richard A. Mitchell, Geoffrey L. Rice, Ernesto Cruz, Peter A. Smars '82, Patricia McGhee-Coffman, David M. Woodhouse, Karin E. Wammack, Alan K. Jacobson, A. Gordon Lui



5 Class of 1981 | 35th Anniversary Class



6 Class of 1986
(Back row, L to R) Wayne S. Dysinger, James P. Watson, Mark E. Reeves '92, Daniel J. Bradford, John B. Heczko, Debra L. Stottlemeyer, James I. McMillan
(Middle row, L to R) Gregory M. Taylor, Glen Van Arsdell, Allen L. Hwang, Paul K. Aka, John A. Sturges, Jill K. Hughes, Steven C. Herber
(Front row, L to R) Marilene B. Wang, Julia N. Danforth, Michelle E. Reeves, Perin D. Suthakar, Karen M. McBride, Deborah M. Carritte

1. From left, **Philip H. Reiswig '61**, **Leonard D. Shockey '61**, and **Robert P. Sproed '61** share stories with each other at their class reunion.
2. **Elmer W. Lorenz '47** offers some tips for optimum health and happiness to the six classmates and their family members who were able to attend the reunion. Next year will be the class' 70th-anniversary reunion!
3. From left, classmates **John E. Washington '53-B**, **Claude H. Chan '53-B**, **Elizabeth Lombard '53-B**, **Arthur A. Moores '53-B**, and **Thaine B. Price '53-B** display their biggest reunion smiles.
4. "Cheers to 50 years!" says the banner behind **Glenn D. Garbutt '66** and his wife, **Leonor**, at the 50th-anniversary class reunion.
5. **Samuel E. Torres '76-A** (left) and **Vernal M. Hansen '76-A** update each other's contact info as they catch up at their class reunion.



3



1



2



4



5



1. From left, cardiac surgeons **Glen Van Arsdell '86**, **John G. Jacobson '71**, **Ellsworth E. Wareham '42**, and **Leonard L. Bailey '69** greet each other warmly at the 2016 APC Gala.
2. **Ernest S. Zane '56** and his wife, Dorothy, (center) are surrounded on both sides for a social hour photo.
3. **Fredrick A. Griesman '66** and his wife, Karey, smile for the photographer as the program begins.
4. The gala photo booth attracts a crowd: (L to R) Monnize Sobrinho, **Lauren Parker '16**, **Giovanna Sobrinho '16**, **Michael Lee '16**, **Lauren Van Putten '16**, **Michelle Smudde**, **Ivanna Maxson '16**, **Paige Stevens '16**, **Brandon Peplinski ('17)**, **Aleksandra Kozlova ('17)**, **Michael Diate ('17)**, **Lauren Caradonna '16**, and **Hans von Walter '16**.
5. **Anthony Yeo '16** and his wife, **Janna Vassantachart '16**, pose for a picture after the gala.
6. Class president **Casey Harms '16** performs on the cello as part of the gala musical talent from the senior class. Classmate **Laurel Guthrie '16** accompanies him on piano.
7. **S. Wesley Kime '53-A** smiles after receiving an Honored Alumnus award by Dr. Reeves and **H. Roger Hadley '74**.



Iner Sheld-Richie Presidential Award David Colwell

The presidential award is granted to individuals of exemplary character and commitment to the vision and mission of the Alumni Association.

For the past nine years, David Colwell has given of his time and expertise to the great benefit of APC event programming. Each February he collects his marching orders from the Alumni Association, and with that the efficient direction of Saturday night programs and alumni galas is safe in his hands. When APC weekend arrives and the evening programs are to begin, this dependable professional is found at his appointed station near the stage, headset donned, radio checked, notes ready. With a last glance at his watch he cues the high-tech, quick-paced program to begin. We thank David for his commitment and dedication. (Photo: **P. Basil Vassantachart '79-B** (left) presents the award to Mr. Colwell.) ■

AIMS Global Service Award: Read about awardees **Sherman A. Nagel '40** and **Mary L. Small '66** on page 42.



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In Love With India

Alumna of the Year: **Mary L. Small '66**

By Chris Clouzet, *staff writer*

During vespers on Friday, March 4, 2016, at the Annual Postgraduate Convention (APC), the Association of International Medical Services (AIMS) recognized Dr. Mary Small, a retired obstetrician-gynecologist,

for her dedicated mission service to the people of India. Little did Dr. Small, or many others, know that she would be recognized once again at the APC Gala on Sunday. There, as the crowning event of the evening, Drs. **Mark E. Reeves '92** and **H. Roger Hadley '74** presented Dr. Small with the Alumna of the Year award.

Dr. Reeves thanked Dr. Small for her “visionary leadership, for helping so many patients and physicians, ... and for being so passionate about our School and the Alumni Association.” One alumnus later commented succinctly: “An amazing woman, amazing career, and a totally deserving award.”

As she accepted the honor, Dr. Small revealed that she had been “told on good authority” that she used to visit the pathology lab’s museum as a young girl and examine the bottles and jars with their specimens. She said that later, when adults asked her where she “came from,” she would respond innocently that she had come from a bottle. With a grin, Dr. Small added that she wasn’t sure whether this belief helped her become a doctor or not.

In spite of her youthful misunderstanding, Dr. Small was *born* into a medical family and raised and educated in Loma Linda. Her father was **Carrol S. Small '34**, a pathologist and longtime professor at Loma Linda

University who was also named Alumnus of the Year in 1982; her mother, Lucille, was a nurse; and her older brother, **David G. Small '62**, preceded her in becoming a physician.

The siblings were exposed to the church, other medical alumni, and mission service from an early age. Through their parents’ medical work, including their father’s role as editor of

the *Alumni JOURNAL* for many years, they had regular contact with missionaries on furlough and alumni across the country whom they would visit on family driving vacations.

At the age of 18, Dr. Small spent two years with her parents in India when they were teaching at Christian Medical College in Vellore. Up to that point in her life, the young woman had not entertained the idea of mission service herself. However, as she took a laboratory technician’s course there and became friends with the medical and nursing students, that idea began to take shape.

“The experience exerted a profound influence on my life,” Dr. Small says. “My goal from then on was to return to India.” In her brother’s words: “She contracted a lifelong addiction to Indian people, Indian food, Indian culture, and Indian dress.”

Back in the United States, she studied at La Sierra College and pursued medicine at Loma Linda. She completed her internship at Fresno General Hospital and a three-year residency in OB-GYN at the White Memorial Medical Center.

With her goal of returning to India constantly in mind, Dr. Small had applied to be a Deferred Mission Appointee through the General Conference of Seventh-day Adventists. In exchange for the “grand total of \$5,200” given to her toward her medical training, she pledged five years of missionary service to the church. Upon the completion of her training, she received a call to serve in India and gladly accepted.

“The neat part of returning to India was that I was working with doctors whom I had known as medical students [at Vellore],” Dr. Small says. She first spent eight months at Giffard Memorial Hospital in Nuzvid in the state of Andhra to cover for another physician before proceeding to her ultimate destination of Ottapalam SDA Hospital in the state of Kerala. For 14 years she served the women of India and left an impact on her fellow medical workers and the medical students who spent their electives there.

Mary L. Small '66



“She often reminds me that it was she who taught me the art of suturing,” says Arputharaj Kore, MBBS, associate professor of surgery at LLUSM, who trained under Dr. Small as a junior medical officer. “I must confess that I learned much more than suturing from her,” he adds. “I am greatly indebted to her for being my mentor during my time in Ottapalam.”

Dr. Kore says women would wait for hours to be seen by Dr. Small, who was delivering approximately 200 babies a month in the early '80s. More than a quarter of those, he says, were delivered by C-section to high-risk patients, without an intensive care unit. Conditions at the hospital were not “ideal,” but Dr. Small described her practice there as “relatively well-ordered, with not so much crisis medicine” (September-October 1976 *Alumni JOURNAL*). She goes on to write that one of the issues she and the other two physicians there faced was the problem of “professional loneliness.” There were not many opportunities to consult other specialists or attend medical meetings, let alone the time to do so. Even so, along with the challenges at Ottapalam came memorable blessings.

Dr. Small tells the story of a patient who went into cardio-respiratory arrest after receiving a spinal anesthetic before a planned C-section. The staff restarted her heart and respiration, but could not detect a fetal heartbeat. For four days the woman was semi-conscious and was at times what Dr. Small describes as a “raving maniac,” who needed to be restrained in bed. On the fifth day, she opened her eyes and said she was hungry. There was no neurological damage. Most incredibly, there was a fetal heartbeat, though Dr. Small was sure the infant would have brain damage from lack of oxygen experienced during the mother’s cardiac arrest. As it turned out, Someone else was lending His medical expertise.

“The experience exerted a profound influence on my life,” Dr. Small says. “My goal from then on was to return to India.”

“For many years, the family would send me a Christmas card to tell me about their little girl,” Dr. Small says. “At least until the sixth grade she was at the top of her class all the time. ... This experience was one of many where we could clearly see divine intervention and was another of the rewards of our work.”

In 1984, Dr. Small returned to the U.S. and took additional training in high-risk OB and ultrasound, completing a maternal-fetal medicine fellowship at LA County Women’s Hospital. For the rest of her career until retiring in 2004, she taught as assistant and associate professor at LLUSM.

“It took a little getting used to,” she says, “having an anesthesiologist at the head of the surgical table,

pediatricians to care for newborns, and ICU specialists to consult with for difficult cases. What luxury!”

Other than delivering and handing a healthy baby to its mother, Dr. Small says she gained the most satisfaction from teaching her students.

“First, there were nursing students and junior doctors with whom I worked at Ottapalam. Later, there were medical students and residents at Loma Linda. Nothing compares to seeing the light dawn in students’ eyes as they suddenly catch on to a principle or procedure—like tying surgical knots!” She says that seeing those same students later as doctors who were practicing, teaching, and working overseas was very rewarding for her.

After her retirement, Dr. Small moved to the top corner of the west coast and settled in a small town near Seattle, Washington, where she has spent her new-found time learning new things, such as digital photography. Traveling adventures have also caught her eye and she has visited places as diverse as Morocco, Patagonia, and Japan. In 2009, she returned for another visit to Ottapalam Hospital, accepting the invitation to participate in the naming of the newly refurbished labor and delivery suite in her honor.

Dr. Small’s love for India at the age of 18 was the first step in a long journey of medical training, missionary service, and the teaching of medicine. Along the way, many have come to know and admire Dr. Small as a person with characteristics anything but small: a big heart, great faith, vast talent, extensive friendships, and much more. The Alumni Association appreciates you, Dr. Small, and the example you continue to provide for others. ■



Chris Clouzet is assistant editor of the *Alumni JOURNAL* and staff writer for the Alumni Association. He lives in Forest Falls and enjoys trail running and reading.



Dr. Small displays an infant to its mother.



Dr. Small poses with staff of Ottapalam SDA Hospital at the celebration for the newly remodeled and renamed “Dr. Mary L. Small, Labour & Delivery Room” in 2009.



Dr. Small poses with five medical students of the Christian Medical College of Vellore, India. She spent two influential years there with her parents at the age of 18.

Alumni Association Honored Alumni

Each year the Alumni Association must select just a few individuals to recognize from the more than 8,000 living alumni. Upon receiving nominations from the alumni body, the list is taken to an evaluation committee and narrowed down. The final selection is voted upon in the fall by the president's council. We want to thank our 2016 Honored Alumni for their contribution to medicine and for embodying the mission of the Alumni Association.

S. Wesley Kime '53-A

After graduating at the top of his medical school class, Dr. Kime completed residencies in pathology and internal medicine, as well as a research fellowship in renal physiology and diseases. For three years he served in the U.S. Army at the Armed Forces Institute of Pathology at Walter Reed Army Medical Center.

Dr. Kime has held academic positions in internal medicine at USC and Loma Linda, and in pathology at Wright State School of Medicine. He was director of the internal medicine residency at Glendale Adventist Hospital and of the pathology residency at Kettering Medical Center. At Glendale, he established the family practice residency. Retiring from medicine in 1994, Dr. Kime pursued full-time painting for 20 years. His work includes a gallery of faculty portraits for the University among many other contributions. He and his wife, Sonja, are retired in Redlands. ■



Alan S. Nakanishi '65

Following medical school, Dr. Nakanishi finished a residency in ophthalmology and served two years in the U.S. Army. In 1973, he co-founded the Delta Eye Medical Group with the goal to incorporate mission service as part of the practice. For 25 years, he served as president of the group, which today consists of three offices and five fellow alumni. In 1977, he completed a fellowship in retinal surgery.

In 1998, Dr. Nakanishi was elected to the Lodi, California, city council where he served for eight years, including two terms as mayor. In 2002, he was elected to his first of three terms in the California State Assembly. Today, he is serving his third term on the Lodi city council, is president of the Delta Eye Medical Group, and continues to practice part time. He and his wife, Sue, are enjoying "retirement" in Lodi. ■



Ernest S. Zane '56

Dr. Zane served in the U.S. Army during World War II and earned his bachelor's degree before graduating from medical school and completing an ophthalmology residency. In 1960, he joined the ophthalmology faculty at Loma Linda, where he served as associate professor and vice chair of academic affairs. In 2000, the ophthalmology department created a Teacher of the Year Award in his name.

In 1993, Dr. Zane stepped in as interim chair of the ophthalmology department and for seven years helped to rebuild the department, recruiting new faculty and keeping the residency program running. He has participated in multiple mission trips to Taiwan Adventist Hospital, and in 2010 was recognized by the School of Medicine with the Distinguished Service Award. He and his wife, Dorothy, are retired in Loma Linda, but he still sees a few eye patients every week. ■



Douglas C. Smith '66

Dr. Smith spent two years in the U.S. Air Force after medical school, then returned to Loma Linda for a fellowship in angiography. Thus began a distinguished 41-year career on the radiology faculty at LLU. For 25 and 31 years he enjoyed serving as program director of the radiology residency and fellowship programs, respectively. On 11 occasions he received top teaching awards from his residents.

Academically prolific, Dr. Smith has published more than 100 peer-reviewed articles and presented at 75 scientific meetings around the world. He was a member of the American Board of Radiology's Maintenance of Certification Examination Committee and an oral board examiner for the American Board of Radiology, from whom he received a Lifetime Service Award in 2010. He retired in 2014 and lives in Redlands with his wife, Barbara. ■



Roland C. Zimmermann '66

After earning his medical degree, Dr. Zimmermann spent two years in the U.S. Navy and then became one of the first radiation oncology residents at Loma Linda. He completed a cancer fellowship at Stanford University and the University of Florida. For many years, he practiced radiation oncology in San Bernardino and Redlands and served as director of a large hospice service in San Bernardino and Riverside counties.

An active member of his community and the Seventh-day Adventist church, Dr. Zimmermann served 10 years as park commissioner for Redlands and as a member of the San Bernardino County Mental Health Advisory Board. In 1980, he installed television equipment at the University Church and later founded the Loma Linda Broadcasting Network. He recently served as president of the Alumni Association. He and his wife, Melba, are retired in Redlands. ■



John G. Jacobson '71

Dr. Jacobson finished medical school, a general surgery residency, and a cardiothoracic surgery fellowship in Loma Linda before moving to Toronto for a pediatric cardiac surgery fellowship. He returned to Loma Linda to teach surgery and then spent three years at St. Helena Hospital. He then practiced 11 years in Las Vegas, where he helped to establish the first pediatric cardiac surgery program in the state. Returning to St. Helena, he served as both chief of surgery and of the medical staff for ten years until his retirement.

Throughout his career, Dr. Jacobson considered it a distinct privilege to have joined the LLU Overseas Heart Team to locations across the globe whenever he could. In addition to operating, he taught surgery and presented in many countries, and published a number of papers in his specialty. He and his wife, Judy, are now retired in northwest Washington. ■



David Fang '71

Raised in wartime China, Dr. Fang worked and studied in Taiwan and the Philippines before completing his medical degree and a surgery residency in Loma Linda. He served as chair of surgery at the White Memorial Hospital and finished a fellowship in colon and rectal surgery.

Dr. Fang founded the Chinese Adventist Physicians Association, and created an exchange program that provided fellowships at Loma Linda for Chinese physicians. He was professor of surgery at Loma Linda and oversaw the building of the western-style, 400-bed Sir Run Run Shaw Hospital in China, completed in 1994.

Retiring from Loma Linda, our honoree continued to use his wealth of experience to improve the quality of patient care through administrative positions in the San Gabriel Valley. His wife, Bonnie, passed away ten years ago. He finally officially retired earlier this year and lives in Walnut, California. ■



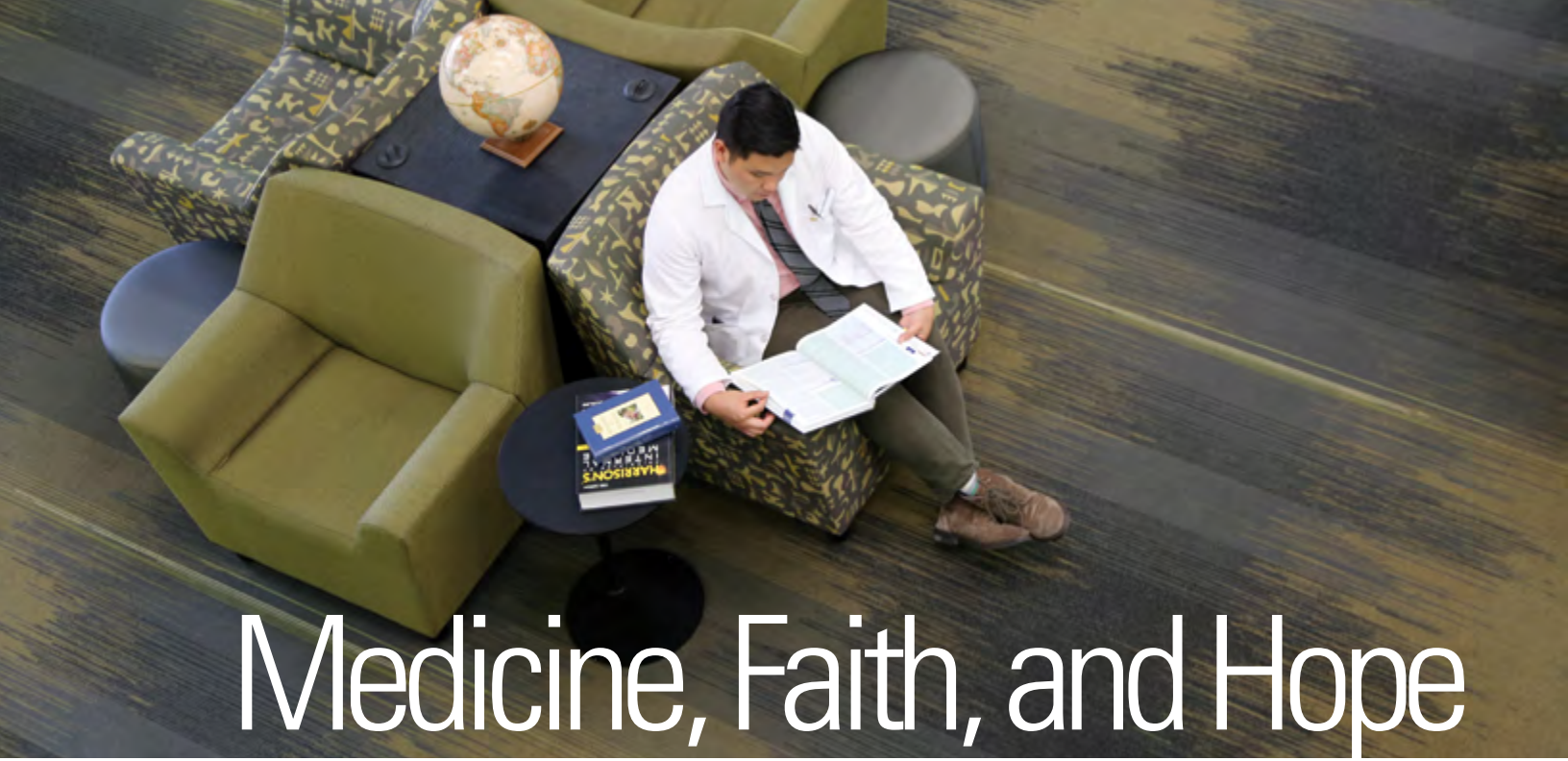
Glen Van Arsdell '86

After completing his medical degree, Dr. Van Arsdell remained in Loma Linda for eight years of general and thoracic surgery residencies. He moved to Toronto for fellowships in complex congenital heart surgery of children and adults. He has maintained a rigorous career in academic medicine, currently serving as professor of surgery at the University of Toronto and head of the division of cardiovascular surgery at The Hospital for Sick Children.

Dr. Van Arsdell has published over 200 articles in peer-reviewed journals, received 15 major research grants, and lectured in more than a dozen countries. For the last ten years he has helped bolster the cardiology program at West China University Hospital and has lately been influential in developing the first hands-on surgical training courses using 3D-printed models of congenital heart disease at SickKids in Toronto. ■



Honored Alumni Videos and Nominations: Watch videos about the 2016 honored alumni and past awardees, including acceptance remarks, at www.thecentralline.illusmaa.org. Nominate awardees for 2017 online at www.illusmaa.org/nominate. The deadline for nominations is August 22, 2016.



Medicine, Faith, and Hope

LLUSM's Unique Paradigm

By **Burton A. Briggs '66**, editor

In 1955, the College of Medical Evangelists selected the theme “To Make Man Whole” for the yearlong celebration of its 50 years of service. In choosing the phrase as its motto the following year, the school (now Loma Linda University) joined other American universities whose mottos reflect their ecclesiastical

origins: “Truth for Christ and the Church” (Harvard); “In Thy light shall we see light” (Columbia); and “Under God’s Power She Flourishes” (Princeton). All these institutions of higher education acknowledged the Christian roots of the three original “learned professions”—medicine, law, and clergy. However, while the religious connections of most of the others are now seriously attenuated, only this University—founded, funded, and fostered by Seventh-day Adventists—consistently stresses that the process of healing requires more than just physical diagnosis and treatment. The spiritual needs of human beings must also be addressed.¹

Since the very beginning, the relationship between personal faith and the practice of medicine has played an important role in every LLU education. The medical school includes religion classes in all four years of training; it sends students and faculty members overseas and into local communities as medical “missionaries”; it strives unceasingly to incorporate faith in the Great Physician into

the classroom and clinic; and it maintains close ties with the Seventh-day Adventist Church. Students who attend LLUSM find opportunities to interact with experienced and thoughtful members of the School of Religion faculty as well as with professors in the medical school who understand the importance of religion to true healing. University-wide, committed faculty challenge students (and are challenged by them) to become physicians who care for the whole health of men and women.

In this issue we explore the complex connection among medicine, faith, and hope—both in their theoretical relationship as well as their practical application—within the unique educational paradigm at our School. What does this relationship mean to our graduates? How does such an education influence their practices and careers? What theological principles justify our emphasis? Few medical schools have such a faith-centered mission and methodology, and we believe it is something to be cherished. We hope that in the following articles—written by and featuring current and future alumni—readers will be reminded of the value of, or discover new benefits from, exposure to religious content and faculty of faith during their study of the physical healing arts at Loma Linda. Enjoy the experiences of a few of our graduates. Let us know about your own experience. ■

1. Georgetown University Medical School’s motto *Cura Personalis* (Latin for “Care of the Whole Person” according to the school’s website) is virtually identical to ours. Although the university styles itself a deeply Catholic, Jesuit institution, there are no religion classes in its published medical curriculum.

Dialogue With the Deans

A Conversation With H. Roger Hadley '74 and Jon Paulien, PhD

Interviewed by **Donna L. Carlson '69**, associate editor

The theme of the current issue of the *Alumni JOURNAL* is the religious education of physicians at Loma Linda University. You two gentlemen lead the Schools of Medicine and Religion respectively. Can you describe your journeys to your present positions?

Hadley: I was raised an Adventist and attended Adventist schools all the way through medical school. My teachers and youth pastors and my loyalty to the church have a lot to do with where I am today. I don’t remember exactly when, but while I was in medical school I knew I wanted to be on the faculty at Loma Linda.

When I proposed to my wife she said, “I will marry you as long as you promise never to be dean.” I think she saw something in the relationship I had with my uncle [**G. Gordon Hadley '44-B**], who was dean at the time.

The two people I think about often and try to pattern my life after are my two grandfathers: **Roger W. Barnes '22**, for his academic accomplishments, and my grandfather Hadley [**Henry G. Hadley '17-aff**], who served 55 years in the inner city of Washington, DC. Their relationships and commitment to the church have really influenced me.

Paulien: My journey here began with a footnote in a history book that observed that Seventh-day Adventism has always had two contrasting visions: an apocalyptic vision and a healing vision. The founder of this institution and this church, Ellen White, had both of those visions but never quite integrated them.

“The Great Controversy” is an apocalyptic vision without a touch of what Loma Linda does. “The Ministry of Healing” has not a trace of apocalyptic in it. Together these books paint a coherent vision for what God would like to see happen in the church and in the world. I wondered how those two visions could be integrated, and it seemed to me that Loma Linda was the ideal place.

When Roger came to Andrews to talk to seminarians about Loma Linda, he spoke with me about the healing

passion and mission of Loma Linda and I was absolutely blown away. Not long after that Dr. Hart [**Richard H. Hart '70**] asked whether I would be interested in being dean of the School of Religion. Then I was able to wangle a preaching appointment for Roger (which he claims was his first) and he took the place by storm. I had student after student saying, “If that’s the kind of person who works at Loma Linda, it must be a really special place.”

Hadley: That makes my day. I have spent my whole career at LLU. If I just hear that one statement I think, “Wow, it’s worth it.”

Paulien: My thought was: “Roger’s the kind of person I want to work with. The integration of Adventist faith and a deep passion for the healing ministry of Jesus Christ is a mission worth living for.”

Hadley: Jon was here for just three months and he said something that I hadn’t heard for 30 years. It is so simple, but I have repeated it many times. He said: “Andrews is the church’s face to its members; Loma Linda is the church’s face to the world.” And I thought, “He’s absolutely right!” At Andrews, everybody you run into is a Seventh-day Adventist. Here I spend 90 percent of my time with people who don’t know the Adventist church. Every time I step into the clinic or go to the operating room, I am the church’s face to the public, and I want people to feel positive about the church. It makes what I’m doing make sense.

Hadley: [Jon] said: “Andrews is the church’s face to its members; Loma Linda is the church’s face to the world.” And I thought, “He’s absolutely right!”

Paulien: The apocalyptic mindset sees an issue and says, “We need to be clear about what’s wrong here so we don’t get trapped by anything that might damage us. Jesus called

Opposite: **Arvy Wuysang ('19)** helps illustrate the study of religion and medicine at Loma Linda University School of Medicine. “I loved how it tied aspects of spirituality into medicine,” Arvy said about the class “Orientation to Religion and Medicine.”



H. Roger Hadley '74, dean of the School of Medicine

that the city set on a hill, the fortress with walls around it, a protective place where people can hold on to sanity in a crazy world.” But Jesus also cast a vision of salt to be scattered into the world to change everything. And the healing mindset says, “How can we view that person the way God does?” We’re not worried about protecting ourselves; we’re concerned about showing the character of God in a crazy world.

Those two visions don’t integrate easily, yet both are critical. Their values need to be held in tension. As an apocalyptic scholar, my mission here is to maintain that tension so that we can stay sane on the one hand and yet show what Jesus would have done for the hurting on the other.

I once heard someone describe Seventh-day Adventists as people who expect the end of the world at any moment but who (somewhat inconsistently) are always building institutions to make it better. Do you agree?

Hadley: It is one of the great ironies. I was delighted to be part of the General Conference as a delegate last summer. The prevailing message was our hope that we wouldn’t have another general conference in five years because of Jesus’ imminent second coming. I thought, “Isn’t that interesting?” Our founder, Ellen White, decided that one of the most important things we could do for the church is to build educational institutions. Inherent in education is long-range planning. Ellen White was concentrating on how to get young people through medical school—which is not what one would plan if the world is going to end in five years. But God bless her. But for her, Loma Linda wouldn’t be here.

Many of our alumni took classes from giants like Jack W. Provonsha '53-A, Graham Maxwell, Dalton Baldwin, the religion professors of their day. Some now wonder whether, as the School gets bigger and medicine and medical education get more complex, it has been able to maintain its spiritual dimension. How would you respond to their concerns?

Hadley: I believe we’ve never been more spiritual than we are at the present time.

Paulien: I’ve been here fewer than 10 years, but the School of Medicine isn’t anything like I would’ve expected 10 or

15 years ago. I say unabashedly wherever I go, “There’s no place in the denomination where mission is more central than it is right here.”

It’s rare that you have a committee meeting when somebody doesn’t say, “This is all fine and dandy, but does it really fit with our mission?” This concept of a clear purpose, focus, and mission—I’ve not seen that anywhere at the level it is here. It may be a *different* way of expressing Adventism than what Roger was mentioning at the GC, yet it is thoroughly grounded in the Bible and in the writings of Ellen White and in the passion to be where God wants us to be. Loma Linda is a giant ship, but it’s a ship that is turning ever more in the right direction.

The School of Religion has a passion for maintaining the legacies of people like Dalton Baldwin, Jack Provonsha, and Graham Maxwell. Recently the Maxwell family agreed to allow us to use his name for an endowment for students to study Bible while they are in medical school. It’s just getting underway, but we’re very excited about the idea of encouraging medical students, particularly if they’ve studied Bible in college, to focus seriously on religion here—maybe to create a new generation of Maxwells, Provonshas, and Baldwins.

Tell us a little about the bioethics dual-degree program.

Paulien: Bioethics and medicine is an active and very popular dual degree. Great students have come through it and are going to be game-changers when they finish their residencies. We are also working to develop a dual-degree MA in religion and society with medicine. We’re working with **Henry H. Lamberton, PsyD, '01-fac** to provide a way for medical students to do that without adding to their debt burden—maybe even reduce it.

Hadley: The students have never been more interested in the sociologic, ethical, and religious issues of medicine than they are right now, and we need to keep up with them.

Where do dual-degree students go after they leave here?

Hadley: We’ll watch what they do. I am doing what I can to populate our Adventist Health System with these dual-degree students.



Jon Paulien, PhD, dean of the School of Religion

LLU medical students’ first class is “Orientation to Religion and Medicine.” Tell us about that.

Paulien: The genius of that class is that the actual Bible teaching is done by docs in small groups working with religion teachers who oversee each section of the class. I’ve worked with **Daniel W. Giang '83**, who is in charge of the residency program; and **Paul C. Herrmann '00**, a medical administrator on this campus; and **John K. Testerman '80-B** and **Wilber Alexander, PhD, '93-hon**—individuals who are each legends in their own right and yet take time to say, “The Bible and my relationship with God is the core of who I am and the core of what it means to be a doctor in the legacy of Jesus.”

What other religion courses do medical students take in the first two years?

Paulien: We have classes like “God and Human Suffering,” “Medicine, Humanity, and God,” “Wholeness for Physicians,” and “Whole Person Care.” These were designed to integrate more directly into the medical program and were developed in conversation with physicians and others. We also offer classes like “Romans” and “John and Revelation,” which people can choose in place of one of the others.

One class we’ve recently started is “Ministry of Healing.” Its purpose is simply to make sure every student reads the book and week by week discusses portions of it: this was written 100 years ago; what do we do with it today?

How is religious education woven into the clinical years?

Hadley: The senior electives are important. Our most popular electives are centered on spirituality and medicine. “Whole Person Care is one example. In this elective, students spend a month learning how to approach patients about spirituality. Every day they make spiritual rounds with people like **Harvey A. Elder '57** and Wil Alexander. They talk to patients and learn how to take a spiritual history, and when and how to pray with patients.

Do you have any sense of how patients view these efforts?

Hadley: Patient compliments far outnumber patient complaints. And statistics bear that out. Secular literature says that 50 percent of inpatients in the United States would like their doctor to pray with them. Two thirds of them would welcome the doctor to pray with them and ask them about their spirituality. And 94 percent, when confronted with a serious illness, would welcome a doctor talking about their spirituality and praying with them. These statistics are from secular articles in secular journals.

How do deans and administrators at other medical schools see what we do here? Do they feel sorry for you having to spend time on religion classes or do they wish they had something similar in their own programs?

Hadley: Seventy-five percent of the medical schools are state schools and must separate religion from medicine. They’re missing something very important in patient care. What frustrates me is when I go to meetings with other medical school deans—people committed to creating the best doctors in the world—and see that they are either forced to or choose not to address what, at times, 94 percent of patients think is important. I’m befuddled by that. I’m relieved when I talk to those deans and they ask me about our mission, I see that they are receptive and not critical. They recognize that we have something different and valuable.

Paulien: I know a dean [from another university] who watched the movie about Wil Alexander, “A Certain Kind of Light,” where for the first time, I believe, there’s unscripted footage of live interviews with patients. And this dean saw that film and basically said, “We could never do that where I am, but I wish we could.”

Paulien: I say unabashedly wherever I go, “There’s no place in the denomination where mission is more central than it is right here.”

We have a percentage of non-Adventist students and of non-Adventist faculty. How do those two groups relate to our emphasis, our religious mission?

Hadley: Our non-Adventist faculty embrace our mission with enthusiasm. If they don’t, they will be happier some other place.

If you include the VA and the county hospitals, the total faculty of the School of Medicine is less than 50 percent Adventist. That’s a thousand people, so it is not possible to have only Adventists on the faculty. We must have a spectrum of specialists and there are not enough SDA doctors to fill all positions.

The key is maintaining a critical mass of Adventist faculty. One of the most important things I do is recruiting and retaining that core. I need two or three hundred Adventist faculty on this campus at all times to maintain what Loma Linda is. I start looking as early as high school!

Jon, do religion faculty members enjoy teaching medical students?

Paulien: Very much. Medical students are tremendously dedicated. They’re focused. They care about spiritual

things. It's a great dynamic and I think our folks compete a little bit to teach their classes.

Hadley: The students are very thoughtful. We take 168 students and, of course, there are 30 or 40 who are non-Adventist. They're on fire, however, for religion and they're the people who press tough questions to the religion faculty [who are all SDA].

What Jon and his team have done is help me learn more about Ellen White. At the General Conference what resonated with me most were the evening pioneer stories by James Nix. One night he said that when Ellen White knew she was not to live much longer she focused on just one thing. "Have you told the people the sweet story of Jesus?" To have Jon and his faculty connect "Ministry of Healing" with that message is very helpful to us.

Can you summarize the "healing mission" you've talked about?

Paulien: The healing mission of Adventism is grounded in the conviction that human beings are created by God as whole persons—that body, mind, spirit, and emotions are all integrated and that sickness affects all of those. Illness happens to whole people, and whole person care treats the whole person not just symptoms, not just bodies. We seek to restore the image of their Maker in every person we meet—whether it is a patient or whether it's a colleague—including ourselves.

Hadley: I love the Adventist church because of this healing message.

Hadley: I go into my office and, braced with what he just said, realize that my responsibility is to teach the next generation that will teach the following generation and so on—until the second coming. I love the Adventist church because of this healing message. I am privileged to be a part of the Adventist church by being at this university. When I come to work I think, "When I'm teaching the next generations I need to be teaching Seventh-day Adventists." I'm trying to grow the church through my job as dean. It's not just to make Seventh-day Adventist doctors. I want the Seventh-day Adventist doctors to support its school system, which has remarkably done wonderful things, from grade school to college to medical school. My own mission is to make sure the church thrives through this mission until the end of time.

Do you still see the medical work as the right arm of the message—to use an old-fashioned phrase?

Hadley: The answer's yes. I have learned to understand that phrase differently from when I was in grade school.



Drs. Hadley and Paulien pose together for a photo after the 2016 School of Medicine commencement ceremony.

Just as Jon said, it's actually an embodiment of the message. It's not a limb; it's being pumped through our whole body.

You both have a lot of contact with church administration. Do you sense that the church also feels that we are still the right arm—a deeply committed part of the church?

Paulien: Our church president made a speech at one of the last board meetings in which he essentially said: "If my understanding of prophecy is correct, this will be the only arm at some point." And he says, "I would like to see you faithful to that mission so when that time comes you'll be all that's left and we'll be counting on you to do that which we can no longer do."

Hadley: I started on the University board in 1996 and am now the longest, continuously serving member. I've had a chance to look at church leadership over a period of 20 years and have always sensed their pride in Loma Linda and their view that it is a very important part of their work. The church is supportive of what we're doing at Loma Linda and supportive of the health message as an integral part of who they are.

Without the School of Religion, Loma Linda is just another school. Our religion faculty challenges us to think well beyond our usual boundaries about what issues are important. You can't get our students to embrace religion in medicine without thoughtful people teaching them. Medical students will quickly sense when someone is not thoughtful. What the faculty do every day to get students to embrace this concept is invaluable to our mission. ■



Dr. Carlson, associate editor of the *Alumni JOURNAL*, is a retired pediatrician and an attorney. She writes from Redlands, California.

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A Unique Education

By **Karl P. Sandberg '74**, contributing editor

I've been asked to put into words a feeling that I'm sure many Loma Linda University School of Medicine (LLUSM) graduates and students share. It is the growing conviction that we have been the recipients of a unique educational experience with a wonderful exposure to spiritual values.

I believe this teaching of spiritual values is baked into the medical school milieu from the top down—and from the bottom up—and has been this way from the beginning.

From the top down

The administration of LLUSM is committed to preparing students for mission service whether in foreign lands or in private practice here in the USA. Our motto, "To make man whole," is a vital part of our education no matter where we practice. Like the editors, I spoke to both **H. Roger Hadley '74** and **Henry H. Lamberton, PsyD, '01-fac** in the LLUSM dean's office for this article. They tell me that one reason our medical school is recognized by the Accreditation Council for Graduate Medical Education is that our faith-based mission is being more closely followed by our faculty and embedded in our students than at any other medical school.

The altruism of the faculty at Loma Linda is not well known outside the church, but it should be. From our faculty members' support of many different missionary and other church-related projects to their willingness to accept less than the going salary for their services, our faculty is unique. I remember sitting on a plane with one of our former cardiology professors about 10 years ago. He had moved his practice to my state (Arkansas) and discovered that he could make a great deal more money—almost twice as much as he had made at LLU. Nonetheless, although he had left Loma Linda, he was singing the praises of our Loma Linda faculty members.

The altruism of the faculty at Loma Linda is not well known outside the church, but it should be.

From **Sigve Tonstad '79-A**, who teaches in the school of religion, to **Wilber Alexander, PhD, '93-hon** whose legacy at Loma Linda has emphasized spiritual wholeness, the faculty and curriculum at LLUSM lives and breathes our Christian heritage. Dr. Lamberton told me there is more of an intentional emphasis on spiritual care at Loma

Linda now than when he came to the campus almost 20 years ago. He gave me a notebook of courses medical students take. Some of these are: "Orientation to Religion and Medicine," "Marriage and Family Wholeness," "Ministry of Healing," "God and Human Suffering," "Art of Integrative Care," "Medicine, Humanity, and God," "Wholeness for Physicians," and "Biomedical Ethics." Dr. Lamberton said that the School of Medicine administration and faculty attempt to weave a "spiritual cocoon" around medical students and residents. He said, "You can talk freely about faith here."

From the bottom up

LLUSM students are a unique group with a much higher level of spiritual commitment than any comparable group from a secular medical school. I recently read a blog concerning the spiritual quest by recent graduate **John Y. Shin '14**. I emailed Dr. Shin and asked him to contribute to this article. Below are his comments.

Based on my conversations with students and residents who went to other medical schools, I am convinced that Loma Linda offers a very unique educational experience that is much needed in this world. When you train at Loma Linda, the spiritual focus reminds you that it is for a purpose higher than yourself. Every medical school upholds humanitarian values and tries to create a culture of service, but Loma Linda grounds those values in a call to serve our Creator. I feel that when you remove God from the equation of service, it loses much of its meaning and power. When you're called in to see a disagreeable patient at 3:00 a.m., generalized platitudes like "showing compassionate care" and "serving mankind" will not compel you to show love to the unlovable. The vague ethic of "helping those in need" will seldom make you sacrifice the comforts of your surroundings and move across the world to practice medicine in a foreign land. However, having a burning desire to serve a God

who loves you and died for you will make you do all of these things and more, and Loma Linda works to instill this desire within you.

In the movie "Chariots of Fire," the lives of two athletes are contrasted: Harold Abrahams, an English Jew, and Eric Liddell, a Scottish Christian. Both men are superior runners, and both go on to represent Great Britain in the 1924 Olympics. Abrahams' motivation to run is to end the prejudice and anti-semitism that he has faced all his life and to prove once and for all that he can be someone great despite his Jewish background. Liddell, on the other hand, the son of missionary parents, told his sister, "I believe that God made me for a purpose. But He also made me fast, and when I run, I feel His pleasure." One was running to glorify self, and the other was running to glorify God. Both men go on to win gold medals in their respective events, but their outcomes couldn't be more different as Abrahams despondently packs his bags and boards a train, knowing that he has achieved the ultimate and found it lacking, while Liddell looks forward to starting a life of missionary service in China.

In the practice of medicine, the reason *why* we run is as important as *how* we run. Any medical school can teach you "how" to become a competent physician, but Loma Linda goes a step further and reminds you "why" you are a physician. It reminds you that when you practice medicine for the glory of God, you feel His pleasure, and as Christian physicians this more than anything else should be our standard of success.

Any medical school can teach you "how" to become a competent physician, but Loma Linda goes a step further and reminds you "why" you are a physician.

I agree with Dr. Shin that the entire setting at LLU is conducive to service for God. I remember being inspired while still a medical student by **William Wagner '44-B** and **W. Holmes Taylor '47** to do mission service. It was great to have these former missionaries on campus as role models.

One of my own experiences with the spiritual emphasis that has been bequeathed to me from Loma Linda was published a few years ago in the book "Morning Rounds." It had been a few years since I had graduated from medical school and I was in private practice in Bloomington, California. A patient named Dennis was in an examining room with me. Dennis

had led a colorful life. He had been a drunk, a hobo, a rounder. He loved to bet on horse races and always carried the handicapping forms from the racetracks. I was certain there was not a spiritual bone in his body. That day as I sat in the room with him I had a strong impression to give Dennis a copy of the book "Steps To Christ," which I kept on hand to pass out to interested patients and co-workers. I resisted the urge to give one to Dennis, but it became a virtual command. I mentally argued with the Holy Spirit, pointing out that it would be a waste of time, but the conviction grew so strong that I finally excused myself and got a copy of the book. I handed it to Dennis. On it was a picture of Christ and the title in large letters, "Steps To Christ." I said to Dennis, "I've got to give this to you." He took the book, looked at it, then at me, smiled, and said, "Thanks, I'll read this." You could have knocked me over with a feather, but I've learned to expect the unexpected because I've turned over my practice to the Great Physician. I've learned that my mission field is wherever I am—even in downtown Bloomington or in Ola, Arkansas.

I've learned to expect the unexpected because I've turned over my practice to the Great Physician.

From the beginning

An article entitled "Loma Linda Embraces its Legacy of Mission" in the January 2012 issue of the Pacific Union Recorder contains some interesting information about early LLUSM graduates. It says that 10 of the first 40 graduates went out as missionaries, and that in the 1960s Loma Linda was reported to have dispatched more physicians to medical missions "than all the other medical schools in the United States combined."

The article goes on to say that during the School's first half-century, medical alumni were responsible for opening approximately one new hospital every year. Dr. Hart says it well: "As you look out across the globe, the landscape is literally dotted with hospitals and clinics started by our graduates." Many continue to serve across the globe, aided by the financial relief offered by the Deferred Mission Appointee program.

Truly, LLUSM is a unique educational experience at a unique institution, with a unique faculty, a unique student body, and a unique history. ■



Dr. Sandberg is in general practice in Ola, Arkansas, and works as an ER/hospitalist on the side. He is in a Christian country music band that plays regularly for church.

Faith and Medicine: A Reflection

By **Sigve Tonstad '79-A**



Faith is a personal matter. Medicine is a profession.

It needs to be said again: Faith is a personal choice, an individual matter, a relationship that concerns an individual and God. Medicine is a profession, a public matter involving the acquisition

of a set of skills that requires certification by the state and approval by society. Faith and medicine are in some respects related to each other like church and state: they are separate spheres. One sphere does not have the right to intrude on the other, and the other does not come with an obligation. It goes without saying that it is possible to be a person of faith without becoming a physician. The converse cannot be less obvious. It is possible to be a physician without being a person of faith.

The person who chooses medicine as a profession accepts the obligation to be a conscientious practitioner for reasons that are intrinsic to the profession, its traditions, and an explicit social contract. The state will not certify the person who does not meet a certain standard, and it can rescind authorization if the standard is violated or skills allowed to lapse. Continuing medical education is a formal way of keeping tabs on a physician's professional status. Another way is reputation. More than most professions, physicians are subject to the judgment of patients and society. When a patient puts his or her life in the hands of a physician, they seek to ascertain that the doctor is worthy of their confidence. This dynamic applies to all physicians whether or not he or she professes faith. It is not a given that the physician who is also a person of faith will seem more worthy of trust than someone who is a physician but does not profess faith.

Faith as a Personal Matter

Faith operates in the sphere of individual personhood. God initiates contact with me as a *person*, not as a physician or as a member of some professional group. If I come to faith, I do it for reasons of need, persuasion, or conviction that are not filtered through a professional mesh. I rise, stand, and walk before God in my humanity, a humanity unembellished by the coats I wear and the diplomas I may hang on my office walls. If faith makes a

difference, it does it by working the soil of my humanity. This is not to deny that there may be a spillover effect into my profession, but my profession does not make me more important in God's eyes; my profession does not make God take an interest in me more that God would in the absence of my profession.

The person who chooses medicine as a profession accepts the obligation to be a conscientious practitioner for reasons that are intrinsic to the profession, its traditions, and an explicit social contract.

At the level of personhood, faith in the God who is revealed in Jesus promises things not found elsewhere. I have just made my way through Martha Nussbaum's book, "The Therapy of Desire: Theory and Practice in Hellenistic Ethics" (Princeton University Press, 1994). She shows that the Greek philosophers were actually therapists seeking to bring about wholeness in people's lives. Their sense of vocation was not that of theorists but of diagnosticians and healers, perhaps closer to our notion of what a psychologist might do today. All of them worked from the premise that humans are in a state of need, the need partly explained by distorted notions of what is good. Whether Aristotle, the Epicureans, the Skeptics, or the Stoics, they were hard at work identifying and treating the fractures in the human self.

Did they succeed? If they didn't, it was not for lack of trying. In Romans 7, Paul is probably writing with awareness of the marketplace for broken selves in the Roman world. His vocabulary resembles the vocabulary of the Stoics and the Epicureans because he, too, speaks of desire (*epithumia*) that refuses to be reined in. He, too, shows humans to be victims of distorted notions of what

is good. Indeed, in one particularly loaded passage, he seems to trace the distortion back to the story of Eve in the Garden of Eden (Romans 7:7-13).¹ He, too, sees the human self conflicted and divided. "For I do not do the good I want, but the evil I do not want is what I keep on doing. Now if I do what I do not want, it is no longer I who do it, but sin that dwells within me" (Romans 7:19-20, ESV). If this depiction of the fracture in the self differs from the diagnostic of the Epicureans or the Stoics, it differs mostly for being more severe. And what now of the remedy? Is there hope? Before answering whether there is hope, Paul raises his voice, as if intending to be heard across the ocean from Corinth to Rome, and across the ages from the time of Nero to our time: "Wretched man that I am! Who will deliver me from this body of death?" (Romans 7:24, ESV).

These claims speak well for heaven. If true, it will be a benefit to patients to experience heavenly influences in whatever form they may come.

It is fair to say that Aristotle, the Epicureans, and the Stoics may have erred in their diagnoses. Nussbaum worries that Aristotle underestimates the fracture in the self, and the Epicureans and the Stoics propose remedies that cut out large pieces of genuine humanity in order to get rid of the unwanted parts. For all of them, what they promise seems less than wholeness, whether *ataraxia* (tranquility) in the Epicurean system or *apatheia* (apathy, unconcern) in the Stoic program. The detachment they strive to achieve is certainly a contrast to Paul's vision; it is less than wholeness, too; and perhaps it is barely achievable on its own terms.

Paul, by contrast, rejoices in a remedy that does not deny the depth of the problem, does not cut away viable human tissue with the bad, and does not envision a *human* remedy. "There is therefore no sense of futility and doom for those who are in Christ Jesus," he says, "for the law of the Spirit of life in the hands of Christ Jesus has set me free from the law in the hands of sin and of death" (Romans 8:1-2, translation mine). The impasse is broken. Paul's horizon is not only a remedy for death, biologically considered. The problem in this part of Romans is *death-in-life*, the self so deeply fractured that one part seems hardly to be *me*: "Now if I do what I do not want, it is no longer I who do it" (Romans 7:20, ESV). The remedy is threefold. First, the remedy is Jesus, who came as a genuine human being in order to deal with sin (Romans 8:3-4), whether sin as distortion of the good, sin as guilt, or sin as incapacity. Second, the remedy is the Spirit, and the Spirit, not the law, is the counterweight to human incapacity (Romans 8:5). Clarity at the level of thought, if that is what

Aristotle proposed, is insufficient for a predicament better understood as incapacity. Third, the remedy is the new community, people looking out for the good of each other and not only looking out for oneself.

This is about faith and me, not faith and medicine. And yet there is a medical aspect, if only as an analogy. Paul has in common with the other booths in the marketplace of broken selves that the remedy is conceived in medical terms. Like them, he holds out the promise of healing for the broken self. Unlike them, he has remedies distinctly his own. Nevertheless, the shared paradigm of healing is an improvement over readings of Paul that sees him thinking mostly in legal or juridical categories. As a human being, I need the remedy Paul offers. I see no other path to healing my fractured self.

Faith and Medicine

In the foregoing, I have suggested that medicine is a help to faith for seeing the human predicament in medical terms. But this is not about medicine as a profession. For that part, faith and medicine, I will make three observations.

First, heaven is a mediator of health. Ellen G. White was on to something real when she wrote the following in 1890:

The view held by some that spirituality is a detriment to health, is the sophistry of Satan. The religion of the Bible is not detrimental to the health of either body or mind. The influence of the Spirit of God is the very best medicine for disease. Heaven is all health; and the more deeply heavenly influences are realized, the more sure will



"Faith is a personal matter. Medicine is a profession," writes LLU religion professor Sigve Tonstad, PhD, '79-A.

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be the recovery of the believing invalid. The true principles of Christianity open before all a source of inestimable happiness. Religion is a continual wellspring, from which the Christian can drink at will and never exhaust the fountain (“Christian Temperance and Bible Hygiene”).

These claims speak well for heaven. If true, it will be a benefit to patients to experience heavenly influences in whatever form they may come. Often, such influences will be implicit: the conscientious physician, the attentive nurse, the caring staff, and the overall quality of care. Sometimes “heaven” will be explicit in the form of a chaplain’s visit, a prayer, or an extended conversation about spiritual matters. If true, again, the idea that “heaven is all health” cannot be repeated too often.

I believe that my faith has made me into a better mediator of hope than I would otherwise have been, a better physician, too.

Second, there is human inadequacy and incapacity in the medical role, too, not only on the personal level. Patients need more than physicians can offer. The temptation to loom larger than our role can sustain is real. Margaret E. Mohrmann writes in a little book entitled “Medicine as Ministry” that the marvels of modern medicine create the risk of setting up false gods. Idolatry is defined as “the denial of that wider context of meaning that endows the forms of worship with their sanctity.”² By this criterion it is possible to make health and life into idols and to pursue these goals to the exclusion of all other considerations, including our sense of finitude and God. To this we can add Reinhold Niebuhr’s warning that “evil in its most developed form is always good imagining itself to be better than it is.”³ Medicine is good, but it sometimes imagines itself to be better than it is. So with me as a physician. Faith is a corrective to such distortions. It enables us to see ourselves as we are, and it beckons us to allow what is greater than we to appear.

Third, there is a sense in which faith envelops medicine. We are living and breathing in a world of grace.

In the matchless gift of His son, God has encircled the whole world with an atmosphere of grace as real as the air which circulates around the globe. All who choose to breathe this life-giving atmosphere will live, and grow up to the stature of men and women in Christ Jesus.⁴

I take this to mean that the grace that is diffused for all to breathe is concentrated in a special way at points of

agony and suffering. There are many such points; every hospital is one. Grace thus distributed benefits everyone, of course, including the caregiver who may not himself or herself profess to be a person of faith. Unwittingly and well, they may be mediators of heaven’s gift of hope and healing. Faith has invaded the world of medicine. In a real sense, faith owns that world, too.

Faith and Medicine in My Life

Early in my adult life I was attracted to the biblical promise of healing for the broken self. I am still in it for that promise. My faith journey has been enriched by academic study of the New Testament to the level of a PhD, but such study does not necessarily bring advantages at the level of experience. Suffice it to say that Paul’s exclamation in Romans 7:24 is even more poignant when I read it in Greek.

I believe that my faith has made me into a better mediator of hope than I would otherwise have been, a better physician, too. I could cite many examples of why I believe this to be the case, including colleagues, pastoral and medical, who have sought me out in times of distress. My best such story is probably the conversation I had with the chief of medicine at the hospital in Norway where I served as chief of the general medicine ward when I decided to accept a teaching position at Loma Linda University in 2007. My superior told me that in her eyes I had kept my faith and my professional obligations keenly balanced. “You have never left us in doubt where you stand,” she said, “and you have shared your convictions gracefully. You have never crossed the line.” Then she added, “We need you here more than they need you there.” ■

Endnotes

1. I have explored this in greater depth in my recent commentary on Romans, *The Letter to the Romans: Paul among the Ecologists* (Sheffield, UK: Sheffield Phoenix, 2016).
2. David Barnard, quoted in Mohrmann, *Medicine as Ministry* (The Pilgrim Press, 1995), 13-14.
3. Mohrmann, *Medicine as Ministry*, 14. Mohrmann’s wording, with attribution to Niebuhr.
4. Ellen G. White, *Steps to Christ*, 68.



Dr. Tonstad, an internist who specializes in diabetes, is assistant professor of medicine at LLUSM. He also holds a PhD in New Testament studies from the University of St. Andrews. He is the author of “The Lost Meaning of the Seventh Day” (2009) and his most recent books are “God of Sense and Traditions of Non-Sense” (2016) and “The Letter to the Romans: Paul Among the Ecologists” (2016).

What Makes a Christian Medical School Distinct?

By **Mark D. Harris '91**

In early September 1989, we medical students at Oral Roberts University (ORU) learned that our medical school was closing. Loma Linda University (LLU) School of Medicine, under then-dean **B. Lyn Behrens '63-aff**, responded quickly and soon we were interviewing to transfer. My classmates and I

had just passed part one of the national boards and begun our third-year clinical clerkships. The ORU School of Medicine would stay open long enough to graduate its seniors and help their other students find positions, but they could not guarantee a place at another medical school. Our dreams of careers as medical missionaries, doctors sharing the love of Christ through the healing arts, could have been over.

I was not nervous. On one hand, things were happening too fast for me to be nervous. On the other hand, I really believed that God was going to work things out. After all, one of our ORU professors had always said, “You need never fear what the future holds when you know Who holds the future.” My interview went well enough for Dr. Behrens to give me a chance, along with several classmates, and within three weeks we were at Loma Linda.

Loma Linda had a terrific medical reputation and we were delighted to go, but the Adventist affiliation of LLU seemed a long way from the charismatic evangelical affiliation of ORU, so we weren’t sure of what to expect. We found people very much like us, Christians dedicated to medical excellence and to the ministry of Jesus Christ. The ORU and LLU medical students came together, and by the time former U.S. Surgeon General C. Everett Koop, MD, addressed us at graduation in June 1991, we were one.

On March 9, 2016, our class came together for our 25-year reunion, giving me a chance to strengthen old friendships, reflect on dreams that had come true (or not), and think about the schools that shaped us in our healing careers. Oral Roberts University was not like other medical schools; its reason for existence was to bring the healing and saving power of Christ to those that needed it, especially the underserved, at home and abroad. Loma Linda University is also not like other medical schools; its reason for existence is to bring the healing and saving power of Christ to those that need it, especially the underserved, at home and abroad. In

1989, going from ORU to LLU seemed like a change in direction, but in 2016 I realize that though the path was a bit different, the destination was the same. How do these Christian schools differ from their secular counterparts?

1. We Heal for the Glory of God

The Westminster Shorter Catechism states that the chief end of man is to glorify God and enjoy Him forever. This is why we serve. While other schools encourage doctors to serve with general humanitarian motives, to advance medical science, or to make money, ORU and LLU trained their students to heal for the glory of God (Colossians 3:17). Practicing with humanitarian motives, advancing medical science, and making money are all good and important, but Christian doctors see Jesus in each patient; in serving each we serve Him (Matthew 25:40, 45).

While other schools encourage doctors to serve with general humanitarian motives, to advance medical science, or to make money, ORU and LLU trained their students to heal for the glory of God (Colossians 3:17).

In September of 2014, I was serving Syrian refugees in Armenia. One patient was a 48-year-old widow with no income, four children, and a two-centimeter left upper outer quadrant breast mass. Another was a 22-year-old soldier who had lost most of his left frontal bone to a sniper’s bullet. Medicine enabled me to show them the goodness and glory of God.

Christian physicians also enjoy our Lord through our art and science. While performing a slit lamp exam as a resident at the Madigan Army Medical Center, I marveled at the sublime beauty of a patient’s iris. Eventually she interrupted my unusually long exam and I sheepishly apologized. The orthopedist and leprosy pioneer Paul Brand, MD, a missionary in India, wrote of his reveries

in contemplating how fearfully and wonderfully God made us (Psalm 139:14). In family, preventive, and sports medicine, whether in the clinic, on the sideline, or in the community, I do work that I love. Medicine is fun, and it reveals the loving, beautiful, and powerful Father that we serve (Psalm 19:1).

2. We Heal in Accordance With a Sound Interpretation of Scripture

Both at ORU and at LLU, the Bible was our guide. We were taught to take the Holy Word as was written, which may or may not have been as we wanted it to be (2 Peter 1:20-21). Scripture says that all are “one in Christ Jesus” (Galatians 3:28, NIV), and we treat our patients, regardless of age, sex, race, socioeconomic class, or whatever, with excellence and compassion. Not all physicians, such as Saddam Hussain’s Baathist doctors that I encountered in Baghdad, do that. The Bible teaches us to love our enemies and do good to those who hurt us (Matthew 5:44), something hard to do when that enemy has just attacked your public health team with rocket-propelled grenades.

Treating patients in accordance with Scripture also means using the power of the Word to bless our patients. We pray for our patients, encourage them with the Psalms, and guide them with the Gospels. Years ago I cared for an elderly woman whose life was wracked with guilt. Her marriage was collapsing and her children were scattered. At the end of our visit I shared the Biblical message of forgiveness. She accepted God’s forgiveness and began to forgive others. Eventually, she was transformed. The Bible we received on graduation is a vivid testament to the power of the Word at LLU.

In our best moments we exemplify ... everything ORU and LLU trained us to be. In our worst moments we can only aspire to be such model Christian physicians. But still we aspire.

3. We Heal in Hope

Physicians often think that we can fix everything and everyone. With years and experience, however, we realize our limits. There are some patients with diseases and injuries beyond our ability to heal. Whether these patients face an early and untimely death, the blackness of chronic mental anguish, or years of intractable pain, caring doctors groan under the weight of their own impotence. We may try to escape, emotionally or physically abandoning these people. Sometimes it is not our patients but we who suffer from endless work, misfortune, or neglect.

Yet we still have hope. Years ago I gathered the family of a cancer patient and told them frankly, “We are here because your mother is going to die, and we need to prepare.” The patient and family were relieved, because no one had dared to say what everyone had been thinking. Over the next few days, we talked, planned, and prayed for hours. A few weeks later, while at home, my patient passed beyond the veil. Her family contacted me and said that she had died with hope. In the process, they too had found hope.

“Heroic Christianity is still the reason for LLU’s existence. Even the ministry of healing bows to the priority of proclaiming Christ.”

I pray for and with my patients because I need the help of the Almighty. Medicine is too hard to do alone, but we have a Savior who is with us always (Matthew 28:20). Eventually every one of us will walk through the valley of the shadow of death, physicians and patients alike, and yet we fear no evil, for those of us who know Christ will dwell in the house of the Lord forever (Psalm 23:4-6).

Heroic Christianity

Those of us who transferred from ORU were blessed beyond measure to have experienced the schools of medicine at Oral Roberts and Loma Linda. In our best moments we exemplify everything I have mentioned above, everything ORU and LLU trained us to be. In our worst moments we can only aspire to be such model Christian physicians. But still we aspire. Only when we have stopped trying to imitate the Great Physician have we truly failed.

In preparing this article I reread an article I wrote for the *Alumni JOURNAL* in 1991. I am a little embarrassed by some of what I said, but feel that on the whole my words were sound. One thing I wrote hasn’t changed: “Heroic Christianity is still the reason for LLU’s existence. Even the ministry of healing bows to the priority of proclaiming Christ.” Looking back after 25 years, I see how ORU and LLU met that mission. Our common prayer is that we continue to do so in the years to come. ■



Dr. Harris has served 27 years in the U.S. Army in family, preventive, and sports medicine. He is currently the preventive medicine director for all Army installations east of the Mississippi River. He is an ordained minister and has practiced, preached, taught, and performed music in over 60 countries.

Good Medicine

By **Barry Bacon '84**

I was heading east on Birch Street in downtown Colville, Washington, when from the corner of my eye I caught sight of a woman I recognized

pushing a baby carriage with an infant on board and a youngster walking alongside. In the background was the Stevens County Courthouse. The scene brought a smile to my face and I hope the woman’s story will do the same for you.

In October 2014, I met her for the first time on the inside of the building she was now walking past. We met downstairs, in the Stevens County Jail where I was volunteering to help people begin a life of recovery from addiction. She was incarcerated there and coming down off heroin. Her hair was a rat’s nest, her teeth were falling out. She was emaciated and shaking, with a gray-green complexion, diaphoretic, ashamed, and desperate. I offered her treatment in partnership with chemical dependency counselors. She agreed and began her recovery from years of addiction.

At the time she was pregnant with her eighth child. I brought a portable ultrasound down to the jail and we looked at her baby together. All of her other children—seven boys—were in foster care. The woman went on to have a successful pregnancy and delivery, and for the first time in her convoluted life, she was able to be a “mommy”—which was why I had a smile on my face that afternoon.

There is nothing quite like seeing a young mother walking down the sidewalk with her little ones and knowing that the course of her life has dramatically changed—and that you had a hand in it. Some might call it good medicine, effective treatment. I call it redemption.

The Tip of the Iceberg

Too often as doctors, we sit in our “ivory towers” treating patients, writing prescriptions, doing good things, but never really realizing what is happening outside our clinic and hospital doors. We see only those who crash in our emergency rooms or come in when they are desperate or courageous enough to ask for our help. We expect them to call our office staff, make an appointment, answer embarrassing questions about insurance and medical problems, and then humble themselves enough to spill



Drug addiction is a significant issue in the community where Barry Bacon '84 practices.

their guts to us about who they are and what they have done. There are many who cannot bring themselves to run the gauntlet we set up.

We don’t see the chaos in our communities, and we don’t sense the significance to our society unless we step outside our clinics and hospitals and see our roles as instruments of change, partners in redemption. We just see what we see, the tip of the iceberg.

Too often, our judicial and legal systems are designed to punish people whose lives have spun out of control, but the idea of restoration to community is not part of the process. It’s not even on the radar. The frustration expressed by officers who see the same people coming into our jails over and over again and the children who are drawn into such a web of chaotic living demonstrate the ineffectiveness of our present system of justice to really help those who seem stuck in an endless cycle of addiction, criminal behavior, and punishment. We taxpayers pick up the bill.

To Save a Few

At the suggestion of a colleague, I decided to try to change the “revolving door” of addiction, criminal behavior, and jail that I see in my community. Together with some officers from the jail, chemical dependency professionals, and a couple of local pastors, we devised a plan to begin treatment for narcotics-addicted inmates to see if such an intervention would make a difference. We have called it the narcotics addiction jail intervention. The woman walking along the sidewalk that day is one of our success stories. Her life today is measurably better than the trajectory of her previous life.

We don’t know how many people are suffering with narcotics addiction in our region. From the evidence we have, we believe the problem is huge. We see the obituaries and listen to our friends in recovery who knew the deceased personally. We mourn with them. We agonize over the challenges the addicts face as they transition from jail back to the environment that supported their addictions. We consider our options and we don’t know with certainty whether this intervention that we have started will make a lasting difference. On the other hand, I don’t care. Because the alternative of doing, of watching our children being sucked into lives of addiction, crime, poverty, hopelessness, and abuse while we wring our hands and hope it will all go away, is unacceptable. It is better to invest in our community and save a few than stand by wailing that there is nothing we can do.

Some might call it good medicine, effective treatment. I call it redemption.

We meet monthly as a team of personally invested people who think we can make a difference in the lives of some addicts. We discuss their cases and ask ourselves how we can do things better. We track their progress, we cheer their successes, and we mourn their shortcomings. They are human beings like the rest of us, somebody’s mom or dad or child. They have dreams and plans and futures that have been put on hold because of their addiction. Meanwhile their minds are melting into mush and their futures are evaporating.

We have a chance to restore people’s dignity, their self-worth, their sense of community. We will not save all of them, but we will save some. They will become productive members of society who hold down jobs and pay taxes and love their children and write beautiful stories with their lives.

The business-as-usual approach boots people with addictions down the road. A better approach restores them to the community and gives them back their dreams. We are seeing it happening before our eyes.



The young mother who is walking in a new direction today because of the influence of a dedicated group of supporters, including Dr. Bacon, smiles with her family.

Good Medicine

One of my earliest childhood memories comes back to me, sitting in the kindergarten Sabbath School room in the cold, dank basement of the Duluth Seventh-day Adventist Church. As I drank in the songs and stories I heard, in my own childish way I wanted to help children who were suffering. Those dreams came more clearly into focus as I learned the skills and the moral framework of medicine at the school whose mission it is “to make man whole.”

The woman I met in jail in October 2014 was pregnant, shaking, pale, sweaty, miserable and anxious; her life was on an uncertain, sketchy path toward oblivion. Now you understand why I had a smile on my face as I drove past her that day she walked along the sidewalk in front of the place that had housed her just a year before and where she started a new direction in her life. Who knows where that path will lead? I just know that she has accepted that most noble calling: motherhood. That’s a great place to start.

I asked her recently what she would want to say in this article. She responded, “Don’t be afraid or embarrassed to ask for help!” I’d like to pass that advice along to you. If you know someone who is struggling with addiction, tell them not to wait until they are crashing in one of our jails. When we treat addiction effectively, we dramatically change the outcomes for our patients and their families. We restore hope and meaning. We prescribe grace. That’s good medicine. ■



Dr. Bacon has practiced family medicine in Malawi, and Colville and Chewelah, Washington. He is actively involved in various projects in Africa and in his own community. He dreams of starting a medical school in Ethiopia among Sudanese refugees to transform their health care system.

Made With a Yearning to be Loved

By **James Chiang** (’17)

This article was originally published on the School of Medicine’s Student Blog at www.llu.edu/llusmblog. It was adapted for the Alumni JOURNAL and printed by permission.

Before starting gross anatomy class our freshman year, P. Ben Nava, PhD, and other anatomy instructors told my classmates and I that our patients were our teachers. It made a lot of sense, especially in the practical context of learning about the human body through our study of cadavers.

However, buried under review books and lecture material, I slowly lost that valuable perspective.

During my junior year, I began to appreciate anew the idea that my patients were my teachers. I have pieced together several valuable encounters with a few of them that left special impressions on me. What follows are some lessons my patients have taught me.

You can find strength in places you least expect.

In my hand was a list of children’s names. Next to them were words such as “depression,” “suicidal ideation,” “sexual abuse by uncle,” and “physical abuse.” However, in front of me was a group of children sitting quietly in a circle. One was saying that he wanted to be a professional football player and get drafted by Missouri University. Another wanted to be a video game designer. Just one day earlier, the children were laughing while having fun playing Pictionary.

It’s heartbreaking to think about how much pain and sorrow each one of these children have gone through, and yet they laugh, joke, and behave almost like a regular group of boys and girls. They carry such dark pasts with them while demonstrating so much hope and potential. Their resiliency is absolutely amazing to me.

It is best to pray with patients when you sense the Holy Spirit working in you.

A man was in the clinic following a referral for an adenoma found on colonoscopy more than a year before. He had been referred to a surgeon who wanted to do a repeat colonoscopy. On the day of the colonoscopy, the patient found out the procedure was canceled by his insurance because the surgeon was not covered by the policy. Frustratingly, the insurance company went back and forth for a year before the man could make another appointment to address the tumor.

Fortunately, the surgical oncologist I was working with was comfortable removing the tumor via colonoscopy. I

was happy for the patient and felt the Holy Spirit bidding me to pray for him. As my visit with him ended, I asked for his religious background and got his permission to pray with him and his wife. We all held hands as I prayed for a smooth procedure and praised God for progress in this uncertain stage of his illness. The moment I finished praying, this man stood up and hugged me firmly. I was taken aback by his gesture and the tears I saw in his wife’s eyes. I realized there had been a reason I felt the urge to pray for them. Our prayer together had relieved some of the burden and pent-up worry they had experienced since the diagnosis and a huge weight was lifted from their hearts. I was truly blessed by their joy.

Instructors told my classmates and I that our patients were our teachers. It made a lot of sense. ... However, buried under review books and lecture material, I slowly lost that valuable perspective.

Prayer is powerful for the patient, but sometimes even more so for the physician.

A man in his 70s lay in bed, looking sullen and depressed. His cirrhosis had caused him to have ascites and pitting edema up to his thighs. His edema was so severe that serous fluid seeped from a small scratch on his flank, soaking his bed sheet. Every morning, he greeted me with a gloomy undertone. Maybe it was because his renal failure kept worsening and he had started on hemodialysis. Or it could have been that his new cellulitis at his IV site was too painful. He had been in the hospital even before I joined the medicine team.

A few days before I left for Christmas break, he commented that I was fortunate to not have to be there anymore. Hearing that, I knew he was feeling bitter about his long admission and deteriorating health. I felt my

chest tighten up because I had a lot of sympathy for him but could not do anything to help him.

For the rest of the day, I felt gloomy to the point of being depressed just thinking about how the man would spend the Christmas holiday in bed while much of the world celebrated. I decided to write him a Christmas card and I gave it to him on my last day. I also prayed with him, asking God to heal him and give him peace, and to help all of his providers take good care of him so that he felt cared for and encouraged. After I finished praying, the man appeared comforted and more cheerful, but I was on the verge of tears. When I bid him farewell, I hid myself in the nearest bathroom and allowed tears to pour down my face.

After I finished praying, the man appeared comforted and more cheerful, but I was on the verge of tears. When I bid him farewell, I hid myself in the nearest bathroom and allowed tears to pour down my face.

I did not fully understand my emotions. There had been times when prayers moved my patients to tears or immense joy, but I had never been brought to tears by my patients. Perhaps the Holy Spirit was moving in me and I truly empathized with the man. Perhaps I was unconsciously saying farewell to someone who had become a friend, knowing I wouldn't see him again.

Whatever it was, I sincerely hope that the Holy Spirit touched him on that day, comforted him, and sparked an interest in Christ. As for me, I learned that when I pray with patients, I experience the satisfaction and fulfillment of knowing I have done everything I can to take care of a patient's physical and spiritual well-being.

Change is possible no matter what.

"I take full responsibility for cheating on you seven years ago," the man read with a genuine tone. He was reading a letter he'd written to his wife; the other men around the circle listened closely. As the man continued to read the list of things he took full responsibility for, his voice started to choke slightly and he had to pause. I have read love letters and witnessed confessions of love and even wedding proposals, but few seemed so honest and genuine as this man's letter of confession.

On the addiction and chemical dependency unit, there were many individuals struggling to quit substance abuse and relapses. It is difficult for me to break certain bad habits in my life, and I can't imagine how difficult it must be to quit addictive substances and remain clean in the face of temptation for the rest of one's life. However,

it is in drug addicts that I have found the most spiritually passionate Christians. Romans 5:20 reads: "But where sin increased, grace abounded all the more" (ESV). The more wrong a person who wishes to change has done, the more that individual appreciates forgiveness. As I listened to the man's letter, I realized that I, too, have areas for growth and a need for forgiveness.

There are many special patient encounters in the clinical years and they are what give meaning to the practice of medicine. Yes, there is much value in practicing evidence-based medicine and in ongoing breakthrough research. I do not want to minimize the intellectual aspect of medicine—it is absolutely necessary. At the same time, I am reminded of 1 Corinthians 13, verse 2: "If I have the gift of prophecy and can fathom all mysteries and all knowledge, and if I have faith that can move mountains, but do not have love, I am nothing" (NIV). A physician with perfect knowledge but no ability to express compassion and kindness toward his patients is missing out on some of the best parts of medicine.

At Loma Linda University, seeing physicians pray for their patients has impacted me the most. **Anees J. Razzouk '82**, chair of cardiovascular and thoracic surgery, has been my inspiration and a role model to me since my freshman clinical wards. He is the first physician who demonstrated to me the healing power of praying, and after working with him, I gained the courage to pray for my patients. Many faculty members play a crucial role in creating an environment that invites spirituality in the practice of medicine.

There is much emotional healing and a strong sense of fulfillment in holding patients' hands, praying with them, and encouraging them. The same applies to similar interactions in any area of life, but medicine in particular offers very convenient opportunities for such enrichment. I hope all Loma Linda students will try praying with their patients at least once during their training. We are made with a yearning to be loved and cared about, and nothing makes us happier than being in a loving relationship with others. I am truly glad that I will be able to care for patients for the rest of my life and I thank God for this unique environment here at Loma Linda. ■



James is a senior at LLUSM. He is an active member of the Christian Medical and Dental Association and the community service chair for the School of Medicine Senate. He is pursuing a career in emergency medicine and plans to incorporate his faith into his practice.

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14 Years in India

A Mission Interview With Mary L. Small '66

Interviewed by Chris Clouzet, staff writer



Mary L. Small '66 smiles during a visit to a village clinic in India.

Dr. Small was one of two recipients of this year's AIMS Global Service Award. An obstetrician-gynecologist and Deferred Mission Appointee, she served for 14 years in India following her medical training. Her first year there was at Giffard Memorial Hospital, covering for a physician

on furlough. For the next 13 years she dedicated her life to Ottapalam Seventh-day Adventist Hospital. You can read more about her on page 20, as she is also the Alumni Association's 2016 Alumna of the Year. While in town for the Annual Postgraduate Convention, Dr. Small was kind enough to answer a few questions about her mission experience in India.

Can you describe one of the challenges you faced as a medical missionary?

A recurring challenge was getting patients to understand about their own health. Such as the fact it was sometimes necessary to have an operation. Or that when recovering from having a baby it was important to have good nutrition instead of an extremely limited diet. But Grandma was in charge of everything. When the mother went home to Grandma, my advice had no weight. It was a constant tug of war over whose advice was going to be followed. I learned a lot from that about how to deal with people.

Could you share a rewarding experience you had?

Early on, a patient came to me—big tummy, obviously pregnant. She wanted to know why her tummy was so big. She'd had a baby before and one would think she would have known. I examined her and told her she was going to have a baby in three months. She said, "What do you mean? I'm not going to have a baby. My husband left me a year ago and I can't be pregnant." And so we left it at that. I gave her some vitamin pills and told her to come back in two weeks.

It took about three visits before she grudgingly admitted that maybe she was pregnant. Close to her delivery time she said, "My husband's gone and I don't want this baby. When it's born I want you to kill it." I had never been asked that before.

When she delivered the baby, she never asked what it was, boy or girl. She walked home after two days. She never touched the baby. She lived within a quarter mile of the hospital and all her neighbors knew what was going on, but she denied that she'd ever had a baby.



Deferred Mission Appointee students surround Dr. Sherman A. Nagel '40 and Dr. Small, recipients of the Global Service Award, during the AIMS Symposium in March.

Sherman A. Nagel '40 was the second recipient of the 2016 AIMS Global Service Award in March. As a young man, he rededicated his life to God while serving in World War II and accepted a call from the General Conference of Seventh-day Adventists to serve as a medical missionary in Nigeria. He and his wife, Edith, spent 23 years there.

For about 15 years, our awardee helped to vastly increase the number of deliveries, outpatient visits, and campus buildings of Ile-Ife Hospital. In the mid-'60s, he kept the Northern Ngwa County Hospital fully operational during Nigeria's Biafran War. Bombing was often heard from the hospital and the region suffered from a severe war-induced famine.

By the time he returned to the U.S., Dr. Nagel had started three hospitals, several clinics, and a nursing program in Nigeria. He had also been ordained as a minister and had officiated at weddings, conducted evangelistic series, and baptized thousands. One of his proudest achievements was building the Ile-Ife Church. ■

So that baby was the hospital's baby for the next 20 months, because it took that long to get through the red tape allowing her to be adopted by a family in Sweden. She lived in a crib in the hallway of the hospital. Everybody who came by spoke to her. She made friends for us. She had her bath in the sink at the nurses' station. We loved having baby Sharine there.

I have visited her twice in Sweden. She's grown and has a child. We keep in touch. I've often wondered what her life would have been like if she had gone home with that mother who didn't want her and probably wouldn't have taken care of her—the mother was just a girl. I've often thought that that was one good thing our hospital accomplished.

How did you keep yourself going at times when you may have felt like giving up?

It was the people I worked with. They saw what was going on. After eight years as the only obstetrician there, I got a partner, a Hindu man. Then it was like vacation. I was only on call every other night.

It was very busy, but the administrators were savvy enough to know that two or three doctors couldn't run a hospital of 100 beds. So the junior doctors, who were not yet specialized, would be assigned to do everything on rotation, like Dr. Arputharaj [Kore, MBBS, associate professor of surgery at LLUSM], who I taught to do C-sections. They would do deliveries and call on me for help when necessary. We worked it out.

I never felt like going home because the work was too much. I know that there are people who have had that experience, and I was fortunate enough not to.

How did those years in India prepare you for working at Loma Linda?

They gave me a lot of clinical confidence. I was most comfortable dealing with a patient at the bedside. I was less comfortable with some of the tests and procedures that are done these days.

The part I played in medical students' education had to do with the simple things, the things that you don't need a lot of fancy equipment to diagnose. You can make a lot of diagnoses with your hands and your eyes.

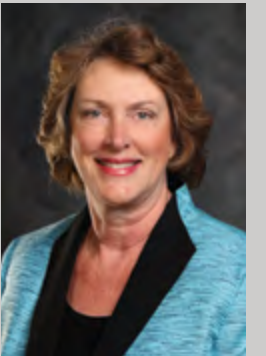
I certainly was thankful for the presence of anesthesiologists; we never had them [in India]. We never had a NICU [neonatal intensive care unit]. I was the NICU doctor and I didn't know beans about it. And we didn't have all sorts of consultations. Keeping patients alive on IV fluids when you can't even check their electrolytes with lab tests is a real challenge. But we couldn't do electrolytes, so we just had to practice "by guess and by God." I'm sure that God was responsible for a lot of the successes we had. ■



Chris Clouzet is assistant editor of the *Alumni JOURNAL* and staff writer for the Alumni Association. He lives in Forest Falls and enjoys trail running and reading.

The President's Corner

By **Ingrid K. Blomquist '81**
President of AIMS



A good time was had by all at the AIMS Mission Symposium held March 5, 2016, during the Annual Postgraduate Convention in Loma Linda. It was a time for featuring AIMS members—from the children to, well, the older ones. Please visit our website where you will find short "life sketch" videos of both our Global Service Award recipients and a gallery of photos from the mission symposium: www.aims.llusmaa.org/2016-aims-mission-symposium.

I was proud to present the AIMS Global Service Award to **Sherman A. Nagel '40** and **Mary L. Small '66**. In 1981, as a senior medical student, I spent three months with Mary in Ottapalam, Kerala, India. There, I learned to deliver babies, a skill I have never used, nor ever intended to use, but which taught this fledgling physician the art of decision making and lumbar puncture. The greatest gift from Mary was her joy and humor in life, which extends seamlessly to the joy of medicine. Thank you, Mary.

Dr. Nagel, our second awardee, was featured most recently on the Alumni Association's media website several months ago in an article about his life and career (www.thecentralline.llusmaa.org). Along with his wife, Edith, Dr. Nagel dedicated 23 years of his life to medical work in Nigeria. In May 2016 he turned 101 years old.

If you would like to honor Mary or Sherman, you can send them a message through the "Contact Us" page of the AIMS website, and/or make a donation of any size in their honor through the AIMS Donation tab.

Thank you to those of you who attended this year's AIMS Mission Symposium and to the many of you who continue to support AIMS and its projects with your donations of time, energy, and money. Let's continue supporting our missionaries around the world. ■

AIMS Website: www.aims.llusmaa.org

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Dr. Ryckman, PhD, was a professor of basic sciences at Loma Linda University for more than 30 years and one of the pioneers of research at the university. In 2008, he received the University Distinguished Service Award from LLU president Richard H. Hart, MD, DrPH (photo: Dr. Ryckman is on the left).

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Alumni News

1950s

An update from **Terrill (Terry) R. Utt '80-A** about his father, **Theodore (Ted) P. Utt '53-B**:

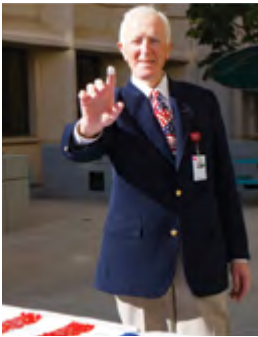
On November 3, 2015, Ted celebrated his 90th birthday by playing golf near Walla Walla, Washington, (photo: center) with his two younger sons, Tom Utt SD'81 (left) and Terry. Ted, a retired psychiatrist, has enjoyed golf for over 60 years, still drives a convertible, and lives once again in his home town of Angwin, California. He just returned home to Angwin after attending his 63rd medical school class reunion in Loma Linda. Terry is a family physician in primary care and women's health at the American Lake Veterans Administration clinics near Tacoma, Washington. All three LLU alumni are U.S. Army veterans and Tom is a retired Army orthodontist.



1960s

Earlier this year, **D. Gordon Anderson '61**, a plastic surgeon, was named physician of the year by the Stanislaus Medical Society. The John Darroch Memorial Award goes to a physician exemplifying the highest standards of the medical profession and a commitment to education. Dr. Anderson has practiced for 49 years in Modesto, California. Search his name at www.modbee.com for an article featuring him.

The family of **Lloyd Rudy Broomes '66** was recognized this past spring as a Family of the Year by the Oakwood University Alumni Association. Dr. Broomes is a retired psychiatrist who practiced, taught, and held positions in California, Tennessee, and Georgia. He has published three books and lives in Atlanta, Georgia.



In February, **Leonard L. Bailey '69** placed his fingerprint as a star on the Flag for Hope canvas. Dr. Bailey is known for performing a historic heart transplantation on "Baby Fae" more than 30 years ago, using the heart of a baboon. He is a distinguished professor of surgery at LLU. The Flag for Hope projects is "to help promote Unity and Peace among all Americans." The

goal is to create a large U.S. flag by collecting 3,000-4,000 hand and finger impressions from Americans across the country. The 50 stars are those of "iconic Americans that have greatly contributed to the strength and well being of our country."

1970s

Antonio E. Robles '72-aff was named president-elect of the Association of VA Surgeons at the organization's national meeting in April. Dr. Robles is a professor of surgery at LLU.

1980s

Issam A. Awad '80-A was co-chair and surgical director for the clinical trial that had positive results for the use of the "clot-busting" drug, alteplase (or tPA), in reducing deaths from hemorrhagic strokes. After five years of human trials, results of the study were presented in February at the International Stroke Conference in Los Angeles. Dr. Awad is professor of surgery and director of neurovascular surgery at the University of Chicago.

In April, **Daniel J. Cole '82** received an honorary doctor of science degree from Andrews University "for his outstanding dedication, leadership and scholarly contributions to the field of medicine." Dr. Cole, of Santa Monica, California, is professor of clinical anesthesiology and vice chair for professional and business development in the department of anesthesiology and perioperative medicine at David Geffen School of Medicine at UCLA. Previously, he served as chair of the department of anesthesiology (2003-2013) and vice dean for continuous professional development (2012-2014) at the Mayo Clinic campus in Arizona.

Lawrence K. Loo '84-res was one of the editors of the sixth edition of "Kochar's Clinical Medicine for Students," released earlier this year. The book, first published more than 30 years ago, is available today as an ebook and aims to serve medical students as a portable clinical textbook for easy reference while seeing patients. The new edition includes portions about current federal regulations, as well as the technological aspects of patient care and privacy.

On May 1, **Ronald J. Jimenez '89**, a gynecologist, officially began his new role as CEO for Florida Hospital Flagler, an Adventist Health System hospital in Palm Coast, Florida. The hospital is the largest private employer in Flagler County with more than 1,000 employees. Dr. Jimenez was chief medical officer of Florida Hospital Memorial Medical Center in Daytona Beach, Florida.

(Continued on following page)

1990s

D. Greg Anderson '92 was one of 22 spine surgeons to receive the Spine Surgeon Leadership Award in 2016 from Becker's Healthcare. Dr. Anderson is a surgeon at Rothman Institute and an orthopedics and neurosurgical surgery professor at Thomas Jefferson University in Philadelphia.

2000s

Celeste M. Philip, MPH, '03, board certified in family medicine, preventive medicine, and public health, was named surgeon general for Florida in May by Governor Rick Scott after serving as the interim surgeon general since March. Dr. Philip was previously the deputy secretary for health and deputy state health officer for Children's Medical Services and has worked at the department of health for eight years. She is currently involved in responding to concerns about the Zika virus in Florida and lives in Tallahassee.

Ryan Hayton '05 was elected secretary and treasurer of the Surgical Association of Malawi in April. Dr. Hayton serves as chief of surgery at Malamulo Adventist Hospital in Malawi. He is also director of the Pan-African Academy of Christian Surgeons program at the hospital, which trains African surgeons who will continue to work and educate in Africa.

Olen A.L. '07 and **Danae R. Netteburg '06** reported on their blog in April that they added a new member to their family: Val, a one-hump, even-toed ungulate of the species *C. dromedaries*. In other words: a camel. She was a valentine's gift for Danae. "It may be time to notify the church General Conference and inform them Danae has 'gone native' and it's time to bring her back home," Olen wrote. (The Netteburg blog: www.missionarydoctors.blogspot.com.)



An Unexpected Visit

(Continued from page 10)

"My family thinks I'm crazy, but I've come up with this plan, and it is written in my will." With this declaration, he outlined his end of life curriculum. "After I'm gone, I'm going to keep working in the medical field, albeit a narrow area of medicine." Wondering what this meant, I inquired how he was planning to accomplish it. His answer was one I had not expected. "I'm going to hang around a lab and teach."

"My family thinks I'm crazy, but I've come up with this plan, and it is written in my will." With this declaration, he outlined his end of life curriculum. "After I'm gone, I'm going to keep working in the medical field, albeit a narrow area of medicine."

"Teach what?" I queried. With a reserved smile he answered: "Anatomy. Skeletal anatomy to be precise." By this time, he was thoroughly enjoying the verbal give and take, but decided to level with me. "You see, when I die, I don't want to be cremated and my ashes scattered to the winds. And I don't relish being cooped up in a box. Besides, what would I be contributing to six feet underground?" Then came a pause like no other I had observed during our conversation. This was a reflective pause, a pause of personal satisfaction of a well thought out decision, a curriculum well planned. "When I'm gone, my will dictates that my body be given to science. The scientists and students can do their will on my body, but when

they are done, they are to cremate and clean the remaining flesh and sinew from my bones. Once this is done, my bones are to be articulated and properly hung or curated in a science room or anatomy lab. Like I said: my family thinks I'm crazy, but somehow, I like the feeling of my old bones teaching the science of skeletal anatomy."

After one last pause, the elderly physician slowly rose from his seat and, while maneuvering the oxygen tank to his side, began the long shuffle toward the door. I thanked him for his visit. Without looking back to shake my outstretched hand, I heard him say: "Thanks for listening."

Through the years, I have often thought of this unexpected visit from a School of Medicine alumnus whom I had not previously known. Somehow, his philosophy of life, and the after life, if you will, touched me. In those brief moments of conversation, he had imparted two mortal lessons: a lesson in living well a life of service and a lesson in service after a life well lived. The measure of this physician's days was coming to an end, but his bones would still exist in a lab or classroom, instructing the minds of students eager to learn what he so cherished—the practice and art of healing the sick. ■

Endnotes

1. White Memorial Hospital
2. College of Medical Evangelists, now Loma Linda University



Dennis E. Park is former executive director of the Alumni Association. He enjoys writing about the history of the Association and the Loma Linda community and is the author of "The Mound City Chronicles: A Pictorial History of Loma Linda University, a Health Sciences Institution."

What's new? We want to hear from you! Send us a note about what's happening in your life, or pass on some news about a classmate. Call, write, or visit! Refer to our contact information on page one.

Alumni Remembered

1940s

Miriam Ottman Vinnard '42

was born on November 6, 1917, and passed away peacefully in Fresno on January 13, 2016.



Dr. Vinnard was born in Portland, Oregon, and attended Jefferson High School and Walla Walla College. During medical school she met **Roald T. Vinnard '43**, whom she married shortly after her graduation.

The couple lived in New Orleans, Louisiana; McMinnville, Tennessee; and Los Angeles before settling in Fresno in 1950 with their three children. As one of the first women to practice medicine in Fresno, she served as the president of the Fresno Anesthesiology Group. She practiced at Saint Agnes, Community, and Valley Children's hospitals, retiring in 1987.

Dr. Vinnard enjoyed spending time at her home overlooking the San Joaquin River with her grandchildren and other visitors. She was a devoted member of the Fresno Central Seventh-Day Adventist Church for many years, including serving on the board of Fresno Adventist Academy (then Fresno Union Academy).

Dr. Vinnard is survived by her sister Mary Artemenko; sons Gerald and Arnold; grandchildren Lara, Chris, Colin, Adrienne, and Justin; five great-grandchildren; and many nieces and nephews.

Robson S. Newbold '44-A

was born in New Rochelle, New York, November 19, 1918, and died peacefully in his sleep on February 18, 2016, in Redlands, California.



Dr. Newbold attended Emmanuel Missionary College (Andrews University) before completing medical school and marrying Isabel A. Stewart, a nurse. He served in the U.S. Army Medical Corps in New Guinea and the Philippines. Inspired to mission service, he and Isabel spent the

next 15 years in Rwanda, the Belgian Congo, and Kenya. They took their sons, Robson and Dwight, and had four more children: James, Jean, **Scott '78-A**, and Carol.

When Rwanda went through a difficult civil war the family returned to the U.S. From 1962 to 1970, Dr. Newbold completed general and thoracic surgery residencies. He then spent 15 more years serving in South Korea, Taiwan, Guam, Vietnam, and Malaysia. He was an honored alumnus of the Alumni Association in 1985.

On returning to the U.S., he practiced in Oklahoma and Monument Valley. He eventually settled in Walla Walla, Washington, where he worked part time at the local VA and did volunteer work for the community and his church. He enjoyed hiking and birding. His wife of 72 years, Isabel, passed away in 2014.

Dr. Newbold is survived by his six children, 10 grandchildren and 11 great-grandchildren. He will be remembered as a wonderful father and a man of integrity, determination, and commitment.

1950s

William Edward Wolf II '52

of La Porte, Indiana, was born in Onsted, Michigan, on September 12, 1922, and died peacefully at home surrounded by his family on February 16, 2016.



Dr. Wolf was one of 10 children to Lester and Birdie Wolf. He graduated from Hudson High School and Andrews University. His college studies were interrupted by World War II when he was drafted into the U.S. Army and served as a medic. At Andrews, he met and married the love of his life, Armina "Kitty" Carter.

After earning his medical degree in Loma Linda, Dr. Wolf and his wife fell in love with and planted deep roots in La Porte, Indiana, the approximate midpoint between their two childhood hometowns.

Dr. Wolf was passionate about his faith, church, and community, but he

especially loved his family. He and his wife co-founded the Arts in the Park Concert Series in La Porte. In his retirement years, he found contentment by bringing music and the arts to his beloved community, serving in several capacities at his local Seventh-day Adventist church, and being surrounded by his family.

Dr. Wolf was preceded in death by his daughter, Lisa Lenae Wolf; his parents; his sister, Helen Waterbrook; and his brother, Bob Wolf. He is survived by his wife, Kitty; his children, Mina Lynne Wolf, **Lovera Wolf (David '84) Miller '77-A**, Lana Wolf (Mark) Witbeck, William Edward (Renee Ostermiller SD'86) Wolf III, Lisa Wolf (Scott) Smithson; his ten grandchildren; his three great-grandchildren; and his siblings, Mary Lohr, Wanda Reese, Jane Diamond, Nellie Sternitzke, Jack Wolf, Lester Wolf, and David Wolf.

Glenn G. Reynolds '54 of Sun Valley, California, died at his home on February 22, 2015. He spent his last weeks surrounded by family and friends.



Born to missionary parents in Najibabad, India, Dr. Reynolds inherited a strong worldview marked by a lifetime of service. While in medical school, he contracted polio, but courageously completed his medical training and, though confined to a wheelchair, actively practiced medicine until his retirement in 2001.

Highlighting Dr. Reynold's many accomplishments are his 1981 nomination as Physician of the Year by the American Medical Association, his service as chair of the division of physical medicine and rehabilitation at Stanford University School of Medicine, and his being an appointee under the administrations of former presidents George H.W. Bush and William J. Clinton.

(Continued on page 50)



Lawrence D. Longo '54 was born in Los Angeles on October 11, 1926, and died after a brief hospitalization on January 5, 2016.

Dr. Longo served in the U.S. Army for three years before graduating from Pacific Union College, where he met and married Betty Jeanne Mundall. Following medical school, he completed an OB-GYN residency at Los Angeles County Hospital. For three years, Dr. Longo served at Ile-Ife Seventh-day Adventist Hospital in Nigeria.

In 1968, after serving on the medical school faculties at UCLA and the University of Pennsylvania, he returned to Loma Linda and developed what is now the world-renowned Center for Perinatal Biology. He worked there and taught at Loma Linda for the remainder of his life.

Remembering Dr. Lawrence D. Longo

My first memory of Dr. Longo finds him striding coatless into the A-level amphitheater in a blue oxford shirt, vest, and bow tie, and bearing a cup of "beverage." He would sit atop the lecture desk and begin a cheerful, enthusiastic, and captivating extemporaneous lecture on perinatal physiology. It was just as I imagined a medical school lecture should be: witty, informative, and fun.

Drawn to Dr. Longo's lab as if by a magnet, I discovered vast new realms of intellectual possibility and excitement. Like he, I came to love not only experimental surgery, but old books, medical history, art, and music. He encouraged me to share these interests and welcomed me into his family. I saw him as the embodiment of medical and research ethics.

He inspired me to do a research elective in perinatal physiology at Oxford University. I also fondly remember a laughter-filled, sunny afternoon picnic with him, his wife, and my future wife on a grassy bank of the Cam River at Cambridge University.

Concentration was his defining tool and the reason for his success. Writing a grant, a book, or a paper; calculating complex formulae; or moonlighting a 24-hour shift in the Queen of the Valley

Emergency Department to help finance his children's education, he was always focused on the task at hand.

Dr. Longo was encouragement personified. He always inquired sincerely and eagerly about one's current activities and recent accomplishments. In well-known postscripts in personal communications to mentees, he always stressed one word: "Persevere!"

I think of him writing on a legal pad at his desk by the small, framed photo of Albert Einstein, shadowed by towering stacks of book and papers, then looking up and breaking into a blazing smile of recognition of the arriving visitor. He was diffident to many, but warmly affectionate to those he accepted. Like his father and mother, he liked to touch an arm or put his hand on a shoulder.

Away from work, he loved to run—all over the world. He tore a heart valve leaflet running in Italy, a temporary setback for a man regularly clocking 8- to 9-minute splits. He certainly ran me into the ground along the Ohio River in Louisville at an Osler Society meeting years ago, pacing himself so as not to embarrass me. He also loved to garden, cook, and putter with his antique Rolls Royce. And he loved his dog Bo.

Dr. Longo received uninterrupted grant funding by the National Institutes of Health from 1964 to 2016. He was the author of more than 350 articles and numerous books. He served as president of the American Osler Society and received many awards over the course of his distinguished career. As much for his contributions to medicine, Dr. Longo was known as a man of humility and kindness. He enjoyed art, music, history, and running, and he treasured time with his family.

Dr. Longo was survived by his wife, Betty Jeanne ("B.J." died February 26, 2016); his four children, Celeste, Anthony, Elisabeth, and Camilla; and his four grandchildren, Giovanni, Nicolai, Alexandria, and Marisa.

I warmly remember his loving care for his wife, B.J., seeing to her comfort during her long, painful disability. Most of all, I remember his booming, joyful laughter. For me it will always chase away the sorrow of his passing.

—**George T. Simpson '73-A**, professor of otolaryngology and surgery at the University of Buffalo, friend and mentee of Dr. Longo

Tributes

Dr. Longo was one of my sponsors when I joined the American Osler Society. I was impressed with the breadth and depth of his knowledge of the history of medicine. He loved literature and was a consumer of books! He was supportive and encouraging for me. I appreciated his passion for his work and his broad range of interests. I remember his enormous love for his wife. When she got sick he was always there for her. Dr. Longo was a kind, soft-spoken man who cared for people. He was a renaissance man, a true gentleman, and a scholar. He was a mentor and role model for me.

—**Michael W. Cater '69**, pediatrician in Tustin, California, mentee of Dr. Longo

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As the attending on call, Dr. Longo sat in the corner of the delivery room, reading to us from one of his many rare books. I don't remember the specific text, but the beautiful words pronounced a blessing on this miraculous event. I shall be forever grateful to him for inspiring me with "reverence for life," and "seeking to make the uterus a place of excellence." I miss him.

—**Nanette Wuchenich '78-A**, retired obstetrician gynecologist, resident of Dr. Longo

For nearly 41 years Lawrence D. Longo, MD, was my friend. When he called the office, the first question he invariably asked was: "How is everything at the Alumni Association?" During his last tenure on our board his infrequent, seemingly timid, comments or questions were always on point. When he couldn't make a meeting, his administrative assistant would call to apologize on his behalf. Years ago, a board member overheard Dr. Longo and me discussing the "Mound City Chronicles" manuscript on which I was working. After Dr. Longo had walked on, the gentleman came up to me and said, "You should be very honored to have Dr. Longo review your work." Indeed, I was. In written notes, he would refer to me as Colleague or Friend, and in closing he would sign off with "Warm Regards, LDL." My favorite, however, was "Persevere, LDL." Rest in Peace dear friend, DEP.

—**Dennis E. Park, MA, '07-hon**, former Alumni Association executive director, friend of Dr. Longo

Throughout his long and productive career, Dr. Longo was an inspirational mentor, role model, and friend. His office door was open to all with words of encouragement, support, and engagement to promote common understandings. Let us continue to honor his legacy and persevere.

—**Steven M. Yellon, PhD, LLU professor of physiology, colleague of Dr. Longo**

Dr. Reynolds is remembered as a generous man, having funded a hospital, school, and church in Nepal and India. More importantly, he is remembered for his compassionate care of thousands of disabled citizens and veterans, and his contributions to the treatment of head and spinal injuries at the world-renowned Rehabilitation Center at the Santa Clara Valley Medical Center in California.

As a husband and parent, Dr. Reynolds was a lover of family. He was also a connoisseur of music and food, and a pilot, sailor, and avid gardener. He is survived by his wife, Barbara; his daughters, Shirley Karavanic, Valerie Boger, Mary Bailey, and Pamela Hogg; seven grandchildren; and three great-grandchildren.

1960s

William G. Beckner '62 was born on April 20, 1936, in Ruanda (now Rwanda), Belgian Congo, Africa, and died on March 12, 2016.



With his missionary parents, **Gordon B. Beckner '34** and Evelyn, Dr. Beckner returned to the Los Angeles area during World War II. He graduated from Lynwood Academy and Pacific Union College. During medical school, he met Ardis Stern when he helped her move a giant pumpkin to a party using his Buick hardtop convertible. They were married in 1961.

After an internship in general medicine at Loma Linda, Dr. Beckner joined his father's practice in Inglewood, California. He returned to Loma Linda intending to pursue a specialty in pathology, but the many autopsies changed his mind. He oversaw Medicare and MediCal patient records for San Bernardino County and later worked with his father again at the San Bernardino Blood Bank, also serving as resident doctor at Linda Valley Convalescent Home. Taking an early retirement from medicine, he eventually needed to move into a nursing home for the remainder of his life.

Dr. Beckner maintained a cheerful spirit with his friends at the home. He enjoyed

spending time with his children and grandchildren and attended many multi-family get-togethers. He was the keeper of the historical family items from places like Africa and New England and was fond of visiting national parks and sites.

Dr. Beckner is survived by his children, Robert Beckner and Cheryl Flack; his grandchildren, Conner Flack and Lisa Davis; his brother, David Beckner; his nephew, Steve Beckner; his niece, Darlene Crawford; and numerous cousins and friends.

Larry G. Leiske '63 was born on October 14, 1937, in Calgary, Alberta, Canada, and died peacefully on December 18, 2015.



Dr. Leiske's early years were spent on the family farm where he learned the meaning of a hard day's work. He started piano lessons at age 5, eventually achieving grade 10 in the Toronto Conservatory of Music. He graduated from Walla Walla College and earned his medical degree before completing his internship and ophthalmology residency at White Memorial Medical Center.

Dr. Leiske was a pioneer in phacoemulsification and also developed an intraocular lens, both used in cataract surgery. He was a founding member of the American Society of Cataract and Refractive Surgeons as well as the American Academy of Ophthalmology. He was a guest lecturer and instructor throughout the Americas, Europe, the Middle East, and Africa, in addition to being a professor at USC School of Medicine.

Dr. Leiske had a private practice in Glendale, California, for many years and was on staff at Glendale Adventist, Glendale Memorial, and Verdugo Hills hospitals. Fond of the desert, he sold his practice and joined the Milauskas Eye Institute in Rancho Mirage. He was a dedicated, caring ophthalmologist.

Dr. Leiske enjoyed many years of golf and continued with his passion of the piano, entertaining many friends and family. He will be deeply missed by

so many whose lives he touched. He is survived by his wife, Robbie; his brother, Wayne (Gail) Leiske; his children, Kelly (Rick) Riley, Kerry (Greg) Lentz, and Kevin (Crista) Leiske; his stepson, Garrett Saurer; 11 grandchildren; three great grandchildren; one niece and one nephew.

Waldemar Kutzner '64 was born on May 22, 1935, in Dabrowa, Poland, and died in the arms of his loving wife on January 25, 2016, in Ooltewah, Tennessee.



Dr. Waldemar grew up in a German-speaking community near Edmonton, Alberta, Canada, and attended the local one-room schoolhouse. He graduated from high school at Canadian Union College and was baptized into the Seventh-day Adventist church. While attending school to become a medical technologist he began dating Greta Rossen, whom he married.

After a year as a med tech, Dr. Kutzner completed pre-medical training at Walla Walla College to pursue his dream of becoming a doctor. After medical school, he completed an internship in family practice in Hinsdale, Illinois. He practiced in Oshawa, Ontario, Canada, from 1965 to 1972.

Seeking a warmer climate and desiring to be closer to his brother's family, Dr. Kutzner moved to Collegedale, Tennessee. His medical practice initially focused on emergency and clinic care in several rural counties nearby before he settled into a private practice at the original medical center on the hill across from the Collegedale SDA Church. For several years he served as the college physician at Southern Adventist University. He retired from practicing medicine in 1999.

Dr. Kutzner's greatest gift was the ability to unconditionally love and serve others. He always felt most fulfilled through interactions with his patients, church, community, and family. He is survived by

his devoted wife of 60 years, Greta Rossen Kutzner; daughter Evonne Kutzner Crook; sons Mickey (**DeAnn Chrispens '84**) and Donald (Maria Holley); six grandchildren; two great-grandchildren; brother Eric (Donna Emmerling); and sister-in-law Agnes Hetke Kutzner.

Kathryn Nelson Magarian '65 was born on December 2, 1931, and died on March 5, 2016. She was the first child of Los Angeles surgeon **Elmer A. Nelson '24** and Elizabeth (Betty) Nelson. She had two sisters, Frances Foster and **Carolyn R. Nelson '65**, and two brothers, Bernard (Benny) Nelson and the late Roy Nelson.



Dr. Nelson Magarian graduated from Lynnwood Academy in 1949. She attended Pacific Union College, graduating in secretarial science. An accomplished legal secretary, she worked in the LA law firm of Glenn Martineau for eight years. She then completed her pre-med requirements at PUC before earning her medical degree from Loma Linda. She was vice president of her medical school class all four years.

After completing a residency at Cedars Sinai in LA, Dr. Nelson Magarian opened a pediatric practice at the White Memorial Hospital in 1969. Her love for children and devoted care made her adored by her patients and families until her retirement in 2006. She was married to Ruben Magarian for 34 years. She will be remembered for her love for her family, friends, and her church; and her appreciation of music, beauty, and traveling.

After completing a residency at Cedars Sinai in LA, Dr. Nelson Magarian opened a pediatric practice at the White Memorial Hospital in 1969. Her love for children and devoted care made her adored by her patients and families until her retirement in 2006. She was married to Ruben Magarian for 34 years. She will be remembered for her love for her family, friends, and her church; and her appreciation of music, beauty, and traveling.

1970s

Norman E. Coon '72 was born on November 24, 1942, in Elgin, Illinois, and died after a three-year battle with cancer on October 8, 2015, in Auburn, Maine.



The eldest of eight children, Dr. Coon was born to Ethel and Eugene Coon. He spent long days as a child working hard on the family's dairy farm. He graduated from Broadview Academy and earned a degree in zoology from Andrews University in 1965. He later met and married Roberta Lynn Herbert.

Following medical school and post-graduate medical training in microbiology, infectious diseases, and internal medicine, Dr. Coon began the first half of his career as a pathologist at several hospitals and companies in Missouri, Illinois, and Michigan. He moved to Maine with his family in 1996 where he practiced primary care and infectious diseases at Parkview Adventist Medical Center and the VA Maine Healthcare System. Throughout his medical career he took regular medical mission trips to the Dominican Republic, Honduras, Zimbabwe, and Mexico.

Dr. Coon's passions were his family, medical mission trips, worshiping God, vegetable gardening, orchard husbandry, photography, and felling/cutting/splitting/stacking trees for firewood. Some of his most joyful moments were spent with a garden hoe, pruning pole, or growling Stihl chainsaw in hand.

Dr. Coon is survived by his wife of 49 years, Roberta; his brothers, Donald and Ronnie; his sisters, Carol, Evelyn, and Sandra; his children, Nolan (Holly), Gena, Joel (Samantha), and Anna; and his grandchildren Brendan, Ryan, Nathan, and Maggie.

Faculty

Albert J. Josselson, MD, (June 8, 1920 – February 20, 2016) was a graduate from the Northwestern Medical School in Chicago. He served as an associate professor of rheumatology at the White Memorial Hospital in Los Angeles from 1953 to 1966. Dr. Josselson established the arthritis clinic at the White in 1953, with rheumatology becoming a "real force" as a subspecialty within the department of medicine. ■

Notify us of an alumnus who has passed at www.llusmaa.org/inmemoriam or by using our contact information on page one.



1

The Entrance

As the area in front of the Loma Linda University Medical Center undergoes changes in preparation for the construction of new hospital towers as part of the Vision 2020 campus transformation project, we reflect on the Medical Center entrance's different looks over the years. As you review the photos of this iconic entrance, see how many changes you can discover.

1. Taken around 1969, this photo shows the long reflecting pools with a fountain at the western end.
2. This photo, taken from the roof of the Alumni Association building around 1995, shows the median with trees lining one side after the reflecting pools were removed.
3. Again from the Alumni Center roof, this photo shows new trees planted down the center of the median. The stumps of the original trees remain, ready for the stump grinder.
4. This final photo was taken on Sunday, May 22, 2016, during the official Vision 2020 groundbreaking ceremony for the new hospital towers. The new Medical Center entrance drive begins outside the photo to the right and curves inward toward the building's entrance.



2



3



4

Wayne E. Smith '84 Anesthesiologist, New Sweden, Maine



What are you famous for among friends and family?

1. Strong beliefs—People don't wonder where I stand on issues.
2. Plant-based diet—There is a reason God gave us the health message!
3. Sabbath afternoon hikes—There is no better way to spend time with family and friends than to hike together in the beauty of nature.
4. Fixing older Macintosh computers—I refuse to let them die.
5. High-mileage vehicles—Our 1999 Sienna has 358,000 miles.
6. Frugality—Cousin **Timothy R. Howe '82** calls it "pinching a nickel so hard that Jefferson rides the buffalo."
7. Lists—I still make them.

What is your best memory from medical school?

I found my wife during my peds ICU rotation. I didn't want to have to face rejection, so I waited until I was through the rotation before asking her out. **Megan '15**, Lindsay, Sarah, Emily, and Michael were the result of that one rotation.

Other highlights included the realization that I was going to survive medical school when I passed my first tests, the discovery in November that there were mountains surrounding Loma Linda when the Santa Ana winds blew the smog away, the importance of placing money in a secure location and not necessarily the one with the highest return (I nearly lost \$25,000 of tuition money in second trust deeds with the collapse of CA Equity), and lastly, my father's vicarious celebration of my graduation (he had wanted to be a doctor).

What has been the most meaningful experience in your medical career?

In 1994, after reading a passage in Ellen White's book "Medical Ministry," my wife and I believed that we

needed to make a change. For five days we prayed about what God wanted us to do. I told the Lord that I was willing to do whatever He asked, even digging ditches, but that I had invested money and time in medicine and anesthesiology. Then, out of the blue, **G. Gordon Hadley '44-B** called from the General Conference (of Seventh-day Adventists) and asked us to go to Guam as missionaries. It was an amazing and direct answer to prayer that still thrills me.

If you were to have worked in a field outside of medicine, what would it have been? Why?

I took business administration in college. Plan B was to operate the family tug and barge business in Alaska, fish commercially for salmon, and find something productive to do in the winter.

If you could learn to do something new or better, what would it be?

The current anesthesiology hot topic is the perioperative surgical home, and I need to review. Medicine has changed since 1984. I am watching an internal medicine board review by choice and not by fiat. A non-time-limited certificate in anesthesiology doesn't make one a grandfather, but soon I will qualify as geriatric.

What is the best advice you've ever been given?

As a resident on rotation at Riverside General Hospital, I became upset with the blame game between members of the surgical/anesthesia team. My attending, **Allen L. Brandt '52**, gave me this advice: "When you let others get you angry, they win. Don't let them win!" Another favorite: "Work as hard as you can, save as much as you can, and give as much as you can." ■



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